

Story Completion Form - print and file into the appropriate binder

Story Name: _____ Date Completed: _____

Reporter Name: _____

Photographer Name: _____

Other Credits: _____

Soundbite Names/Titles (in order of appearance w/ correct spellings): _____

Editing Checklist	Post-Production Procedures
<ul style="list-style-type: none"><input type="checkbox"/> Story begins with :05 sec of pre-roll<input type="checkbox"/> First soundbite is long enough for an NHS-TV lower thirds title.<input type="checkbox"/> Story audio is CLEAN and LEVELED<input type="checkbox"/> Story is free from copyrighted music	<ul style="list-style-type: none"><input type="checkbox"/> Segment exported for broadcast & saved to appropriate server folder<input type="checkbox"/> Production Paperwork in the binder<input type="checkbox"/> Self-Critique in the Blue Basket<input type="checkbox"/> Segment posted to personal website

Write an anchor/host lead-in for your segment...