

VIDEO PROGRAM DESCRIPTION WORKSHEET

Please consider the following when contacting our office regarding a video production of any kind:

Program Title _____

Requesting Section or Agency _____

(Must be state agency or not-for-profit organization)

Program Audience _____

Program Purpose _____

Program Objectives _____

Program Format _____

Program Evaluation Plan _____

Budgeted Program Cost Range _____

Program Deadline _____

For additional information on our facility, staff or a videotape containing examples of production formats, please contact our office at:

Telecommunication Services

Department of Elementary & Secondary Education

P.O. Box 480 • Jefferson City, Missouri 65102-0480

Phone: (573) 751-2721 • Toll Free: (877) 628-1678 • Fax: (573) 526-6793

On the web at: <http://dese.mo.gov/divadm/telecom>