

Family Planning Media Review Documentation

County: _____

Today's Date: _____

Date(s) Material Revised: _____

The Material

1. Title: _____
2. Major Topic Area: _____
3. Publication Date: _____
4. Type of Media
- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Poster |
| <input type="checkbox"/> APP <small>(application downloaded to mobile device)</small> | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Video 1/2" | <input type="checkbox"/> Brochure/Pamphlet |
| <input type="checkbox"/> Video 3/4" | <input type="checkbox"/> PSA (Public Service Announcement) |
| <input type="checkbox"/> Slides | |
| <input type="checkbox"/> Other: _____ | |
5. Produced by: _____
6. Cost: _____
7. Length (minutes or pages): _____
8. Where *your* Agency Obtained the Material:
- Created in-house Women's and Children's Health Mailroom
- Other: _____

Your Evaluation

9. Description. Give a one sentence description of the content. _____

10. Audience. *(check all that apply)*

a. Male Female Either Gender

b. Age Groups:

<input type="checkbox"/> General (all ages)	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School
<input type="checkbox"/> High School	<input type="checkbox"/> College Students	<input type="checkbox"/> Adults

c. Ethnic Group Focus:

<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multicultural

11. Quality. *(check all that apply)*

	Excellent	Good	Fair	Poor
Accuracy of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates Message Clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness to Audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Comments on quality. _____

(Please turn the page to continue.) 

13. Reading Level. For written materials, what is the reading level? _____

How did you determine the reading level? SMOG Method FOG Method Provided by the producer
 Other: _____

14. Disposition. Approved Disapproved

15. Restrictions. If approved, describe any restrictions that should be placed on the material.

16. Recommendations for Use: _____

17. Reviewed by:

Name	Address	Occupation	Gender/ Age	Race*	Ethnic Origin**
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
			F- <input type="checkbox"/> M- <input type="checkbox"/> Age _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>

*Race: 1-American Indian or Alaska Native; 2-Asian; 3-Black/African American; 4-Native Hawaiian/Other Pacific Islander; 5-Unknown; 6-White
 **Ethnic Origin: 1-Hispanic Cuban; 2-Hispanic Mexican American; 3-Hispanic Other; 4-Hispanic Puerto Rican; 5-Not Hispanic/Latino; 6-Unreported

18. Signature of Person Completing Form: _____

INSTRUCTIONS

- Purpose:** To document that a local committee representing the community has reviewed and approved all informational and educational materials used in a local family planning program. For questions related to Media Review, call 919-707-5695.
- Preparation:**
1. Complete a separate form for each item reviewed.
 2. Each committee member may use a form to write her or his comments on. The chairperson may then transfer a *summary* of the member's comments onto a separate form to send to the Family Planning and Reproductive Health Unit.
 3. The chairperson completes items 1-8 and 13 prior to review.
 4. The chairperson completes items 9-12 and 14-17 after the committee has reviewed the material and reached a consensus on the questions.
 5. Each committee member signs and completes information in item 17.
 6. The chairperson signs item 18.
- Distribution:**
1. Retain original in a media review file at the local health department.
 2. Send copy to: N.C. DHHS
 Family Planning and Reproductive Health Unit
 1929 Mail Service Center
 Raleigh, North Carolina 27699-1929
 COURIER #56-23-01
- Disposition:** You may destroy the form when the material reviewed is no longer available or in use.
- Reorder:** Additional forms may be copied, or you may order them from:
 N.C. DHHS, Family Planning and Reproductive Health Unit
 1929 Mail Service Center
 Raleigh, North Carolina 27699-1929
 COURIER #56-23-01