Participant Media Review Form

Please review this material for the Family Planning program to share your opinion as to whether the material should be used with our clients. There are no right or wrong answers. The first set of questions is about you. We ask these questions because we want to make sure that we get opinions from people who are similar to the clients we serve. Thank you for your feedback!

Agency Name:							
Date: / _	/	-		Age:			
Gender:							
□ Female	□ Male	□ Transgender	□ Other				
What is your ra	ace? (Mark a	ll that apply)					
American Indian or Alaskan Native				Native Hawaiian or Pacific Islander			
Asian American				□ White			
African American/ Black				□ More than one race			

Are you Hispanic?

□ Yes □ No

Material Evaluation

Please review the material and then answer the following questions.

Material title (if there is no title, describe the material):
	/·

Language of the material under review: ____

What is the main message of this material?

Material Evaluation

Please review the material and then answer the following questions.

Is the material easy to understand?		
Do you like the way the material looks? Yes No (If No, please write why in the comment section below)		
Does the material provide information that is helpful to you or oth	ners? □Ye	es 🗆 No
Is there anything you do not like about the material? Us (If Yes, please write why in the comment section below)	□ No	
Do you recommend that we share this material with our clients?	□ Yes	□ No

Comments: