

# Family Planning Media Review Documentation

County: \_\_\_\_\_

Date: \_\_\_\_\_

## The Material

1. Title: \_\_\_\_\_

2. Major Topic Area: \_\_\_\_\_

3. Publication Date: \_\_\_\_\_

4. Type of Media

- DVD  
 Video ½"  
 Video ¾"  
 Slides  
 Other: \_\_\_\_\_
- Poster  
 Exhibit  
 Brochure/Pamphlet  
 PSA (Public Service Announcement)

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:             General (all ages)             Elementary             Middle School  
                                  High School                     College Students             Adults

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

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