

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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*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