Family Planning Media Review Documentation

County: ______________________________ Date: ______________________________________

The Material

1. Title: __________________________________________________________________________________

2. Major Topic Area: _______________________   3. Publication Date: _____________________________

4. Type of Media   5. Produced by: _________________________________

   - [ ] DVD
   - [ ] Video ½”
   - [ ] Video ¾”
   - [ ] Slides
   - [ ] Other: ______________________________

6. Cost: _______________________________________

   - [ ] DVD
   - [ ] Poster
   - [ ] Exhibit
   - [ ] Brochure/Pamphlet
   - [ ] PSA (Public Service Announcement)

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
                   [ ] High School            [ ] College Students
                   [ ] Middle School          [ ] Adults
   c. Ethnic Group Focus: [ ] African American
                               [ ] American Indian
                               [ ] Caucasian
                               [ ] Hispanic/Latino
                               [ ] Asian American
                               [ ] Multicultural

11. Quality. (check all that apply)

    Accuracy of Information：
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor

    Technical Quality：
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor

    Communicates Message Clearly：
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor

    Appropriateness to Audience：
    - [ ] Excellent
    - [ ] Good
    - [ ] Fair
    - [ ] Poor

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: ________________________________________________________________

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<tr>
<th>Name</th>
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<th>Gender/Age</th>
<th>Race*</th>
<th>Ethnic Origin**</th>
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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

DHHS 3491 (Revised 10/11)
Family Planning and Reproductive Health Unit (Review 10/13)