

605 C2 Educational/Promotional Materials Review Form

<i>Network for a Healthy California</i> EDUCATIONAL/PROMOTIONAL MATERIALS REVIEW FORM
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This form must accompany newly developed/reprinted educational/promotional materials sent to your *Network* Program Manager for review. Please check off the appropriate box for each question.

Date:

Contract Number:

Agency Name:

Contact Person:

Telephone Number:

Fax #:

Email:

1. Title of Material: _____

2. Type of Material:

- | | |
|---|--|
| <input type="checkbox"/> Brochure/Pamphlet | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Poster/Flyer |
| <input type="checkbox"/> Fact Sheet | <input type="checkbox"/> Draft Script |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> Video, including <u>pre-approved</u> script |
| <input type="checkbox"/> Locally-developed NERI | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other (specify): _____ | |

3. Language: English Spanish Other: _____

4. Goal and Objective of your SOW that this material addresses: Goal __, Objective __

5. How will this material be used?

- | | |
|--|--|
| <input type="checkbox"/> Background information/research | <input type="checkbox"/> Professional Resource |
| <input type="checkbox"/> Staff training | <input type="checkbox"/> Consumer education |
| <input type="checkbox"/> Other (specify): _____ | |

6. Consumer target audience(s): describe, including age, ethnicity, gender:

7. Was this material developed using research-based theory or model?

- Yes What theory/model: _____
 No (explain): _____

8. Was this material pilot tested with the target audience you are trying to reach?

- Yes, describe pilot: _____
 No (explain): _____

9. How will you evaluate the effectiveness of this material?

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10. Was this written material translated from material originally developed in a language other than English?

Yes, original language _____ No

Original non-English copy written by:

Community Member Translator
 Staff Other (describe): _____

Was the non-English copy previously approved by the *Network*?

Yes No

11. Who had lead responsibility for the development of this material?

Outside subcontractor/consultant In-house staff

If developed in-house, identify the principal developers for this material and their experience with similar material development:

12. Has this material been:

Proofread Reviewed by a Registered Dietitian

13. If this is a written consumer piece:

Reading grade level: _____ Formula Used: _____

If not assessed for reading level, explain: _____

14. What efforts were taken to determine the availability of existing materials that could be used/adapted for the purpose described above (items 4 and 5):

15. Please justify the need for development of this material:

16. Does this material contain current and appropriate:

USDA & *Network* Attributions *Network* Logo
 Food Stamp Outreach Message Food Stamp Phone Number
 Non-Discrimination Statement

If not, explain: _____

17. Additional notes:

FOR NETWORK USE ONLY – DO NOT WRITE IN THIS SECTION

Date Received: _____ Date Reviewed: _____

Status: Approved
 Denied, explain: _____
 Requires Revisions, explain: _____

Notes: _____