Request Date: Enter date. LES Region: Choose a region.

1. What are the key messages and goals of the public awareness material(s)?

1. Who is the target audience?

Do photos, illustrations, and/or actors reflect the population served, as applicable?

[ ]  Yes [ ]  No

1. How will the materials be distributed?

[ ]  Events, Health Fairs, or Community Settings

[ ]  Partner Sharing

[ ]  Print Media

[ ]  Social Media (Please list platforms/handle[s] below)

[ ]  TV or Radio

[ ]  Website (Please list website[s] below)

1. Are the materials a revision to ones currently being used by the service area?

If yes, please attach material currently being used. Why are the materials being revised?

[ ]  Yes [ ]  No

1. Do the materials use plain, easy-to-understand language?

[ ]  Yes [ ]  No

1. If families are featured, have the required consent forms been completed by all?

[ ]  Yes [ ]  No

1. Does the material contain the required sponsorship statement (indicated in italics below), logos, a contact number, and the FloridaEarlySteps.com website address?

 *Sponsored by the (provider’s name) and the State of Florida, Department of Health, Children’s Medical Services.*

[ ]  Yes [ ]  No

*(Information below this line to be filled in by the Early Steps State Office)*

Please add feedback/comments here

Date of review: Enter date. Date memo e-mailed to LES: Enter date.