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.