

# ADVISORY COMMITTEE REVIEW FORM

Thank you for participating in our I&E Advisory Committee materials review process. We are asking you to review this material because we want to know what you think would make the material better. There are no right or wrong answers. The first set of questions is about you. We ask these questions because we want to make sure that we get opinions from people who are similar to the clients we serve.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age of reviewer: \_\_\_\_\_

My gender identity is: \_\_\_\_\_

What is the highest degree or level of school you have completed?

- Less than high school graduate
- High school graduate (including GED or equivalent)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Masters, doctoral, or professional degree
- Other (please specify): \_\_\_\_\_

Race of reviewer (mark all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (please specify): \_\_\_\_\_
- Are you Hispanic or Latino?  Yes  No

## Material Evaluation

Please review the material and then answer the following questions.

Material title (if there is no title, describe the material): \_\_\_\_\_

Language(s) of material under review: \_\_\_\_\_

Indicate your level of comfort with the language(s) of the material under review:

	Very Comfortable	Somewhat Comfortable	Not Comfortable
Speaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is the main message of this material?

	Yes	No
Is the material easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the way the material looks?	<input type="checkbox"/>	<input type="checkbox"/>
Does the material provide information that is helpful to you or your friends?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything you don't like about the material?	<input type="checkbox"/>	<input type="checkbox"/>

2. Other comments (for example, what did you like or dislike about the material)?

3. Do you recommend that we share this material with our clients?  Yes  No

*Please explain:*

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Reviewer's signature

Date