

Name of agency submitting the item for review: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Contacts address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of submittal: \_\_\_\_\_ Title: \_\_\_\_\_ Title # \_\_\_\_\_

Production date \_\_\_\_\_ Name of producer: \_\_\_\_\_

Type of material: \_\_\_\_\_ Target audience: \_\_\_\_\_

In regard to any item in the table above that has not been approved by the Program Review Panel, you must ship this form accompanied by **seven copies** of each un-reviewed item to your contractor at the, DCEED STD /HIV section, CDPHE, 4300 Cherry Creek Drive South, Denver CO 80246. If it is not feasible to include seven copies (as in the case of a copyrighted video), please submit one copy with an explanation. We will return the items after review if you so request.

*By signing below, I assert that this form accurately reflects the status of all written materials, audiovisual material, and pictorials currently used as part of our HIV prevention effort. I understand that failure to completely and accurately complete this form could be considered a violation of our contract with The Colorado Department of Public Health and Environment and could result in the cancellation of our contract or other penalties.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Contract Monitor /Technical Reviewer**

Contract Monitor (please print) \_\_\_\_\_ Technical Reviewer (please print) \_\_\_\_\_

Prior to your review today, this item underwent a technical review by staff of Colorado Department of Public Health and Environment (CDPHE) and the following determinations were made (if checked below):

- The item accurately uses terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
- The item specifically covers the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.
- Though this item does not specifically mention the harmful effects of promiscuous sexual activity or intravenous substance use and the benefits of abstinence, this item is part of an overall program that does address these issues.
- The intended audience is youth, and the item appears to be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS."

If you, as a review panelist, require more details on how these determinations were made, you may request them from CDPHE prior to approving this item.

In your opinion, are the following statements true of this item you are reviewing?

1. This item encourages, directly, homosexual or heterosexual sexual activity or intravenous substance abuse. <i>(Note: Merely mentioning behavior is not considered to be "encouraging behavior" so long as the underlying intent is to provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, HIV).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Given community standards, as you understand them, this item is obscene.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. This item involves an educational session (e.g., a curriculum) in which attendees participate in sexually suggestive physical contact or actual sexual practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Material:  Approved,  Not Approved, or  Approved with contingencies listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Panelist Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clearly)

Panelist Signature: \_\_\_\_\_

**To be completed by Coordinator, Program Review Panel:**

Final approval  Yes  No      Approval with contingencies  Yes  No      Date: \_\_\_\_\_

Date contingencies received: \_\_\_\_\_      Verification contingencies were met: \_\_\_\_\_  
Initials