

Initial Assessment form for Prevention Outreach Activities-Draft

Fax to: Casetta Simmons at 404-498-0079 or email to crrl@cdc.gov with a cc to your technical advisor.

Date faxed to state personnel: _____

Date state responded: _____

Description of previous data clearance request (Casetta will provide):

Date activity was completed: _____

Name (HSEES coordinator): _____

City: _____ State: _____

Phone Number: _____

Actual Audience Number (i.e., the number of copies distributed, the attendees at the conference session, or the number of visitors at a website): _____

Feed-back/Success Story (A brief description of how the activity went. Please write clearly):

Future Plans:

Thanks and have a wonderful day!

----- For Official Use Only -----

Date received: _____

Data Clearance Request # _____ **Follow-up #** _____