National Transportation Program

National Transportation Program
Information Product Review

Title: _____

Audience: _____

Purpose: _____

Proposed Distribution Mechanism: _____

Reviewed by (Name/Org.): _____ **Date :**_____

☐ **No comments***

Page	Column	Para.	Comments

*** Please answer questions on reverse**

To help us best meet the information needs of the National Transportation Program, please take a few moments to answer the following questions.

- Does this information product target the most appropriate audience?
  [ ] Yes [ ] No

  Comments: _____

  _____

- Is it written in a style that will be easily understood by the target audience?
  [ ] Yes [ ] No

  Comments: _____

  _____

- Does it fulfill the purpose identified on the front of this form?
  [ ] Yes [ ] No

  Comments: _____

  _____

- Does this product meet your information needs on the subject matter?
  [ ] Yes [ ] No

  Comments: _____

  _____

- Do you have any other recommendations for improving this product?
  [ ] Yes [ ] No

  Comments: _____

  _____

Please send completed form by ____to:
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Albuquerque Operations Office
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Albuquerque, NM 87185-5400

Thank you.