

Bias Evaluation Record

Type of le	arning resourd	ce (please check):						
□ text	□ video	☐ software	□ арр	☐ audio/visual me	edia	☐ collection		
Title and	l author (if kno	own) of resource,	ISBN/URL (wh	nere applicable):				
Grade level: Subject:								
•								
Teacher evaluator name:								
School:								
Contact	information (phone, e-mail):						
Bias				How will in	How will instances of bias be addressed?			
Age								
Appearance								
Family Structures, Marital Status, or Relationships								
Language								
Physical Ability or Disability and Mental Ability, Disability, or Illness				ility,				
Race, Ethnicity, Nationality, and Aboriginal Ancestry								
Sex, Sexual Orientation, or Gender (including gender identity and gender expression)								
Socio-economic Status								
Values (belief s	vstem/creed/re	eligion, political af	filiation)					

09092015 Page 1 of 2

Comments:					
Teacher Evaluator Recommendation: This resource is recommended for classroom use: ☐ yes ☐ no					
Approval: This evaluation is approved by the principal/designate for submission to the school board: \Box yes \Box no					

School Board Director/Designate: Please send this Record to the EECD Media Library at <a href="https://library.org/library.o