Bias Evaluation Record

Type of learning resource (please check):

☐ text   ☐ video   ☐ software   ☐ app   ☐ audio/visual media   ☐ collection

Title and author (if known) of resource, ISBN/URL (where applicable):

Grade level: _____   Subject: _____Date: _____

Teacher evaluator name: _____   Principal name: _____

School: _____

Contact information (phone, e-mail):

Bias	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	
Race, Ethnicity, Nationality, and Aboriginal Ancestry	
Sex, Sexual Orientation, or Gender (including gender identity and gender expression)	
Socio-economic Status	
Values (belief system/creed/religion, political affiliation)	

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:
☐ yes ☐ no

School Board Director/Designate: Please send this Record to the EECD Media Library at lrt@ednet.ns.ca.