APPENDIX 9: BIAS & SENSITIVITY REVIEW FORM

CSSA
Bias & Sensitivity Review Form

Name: _____ **Date:** _____

Subject Area: _____ **Grade:** _____

Reminder: Types of Bias-Gender, Regional, Ethnic, Socio-Economic, Religious, Age, Experiential, Other
Attention: (D) important to discuss (R) suggest rejection

Page #	Passage # or Item #	Article-specific bias/sensitivity/suggestion for change OR Item-specific bias/sensitivity description/suggestion for change	Attention

GENERAL COMMENTS: _____

_____

_____

Signature: _____