

Complete this form and submit it along with a copy of each program or resource. Note that, if published, descriptions may be edited if they exceed the length specified below.

Title of program or resource: _____

Provide the complete name and address of the board/vendor/organization, and the name, address, telephone number, and e-mail address of the contact person.

Name of board/vendor/organization:

Address of board/vendor/organization:

Name of contact person:

Telephone number of contact person:

E-mail address of contact person:

Website:

Resource focus (i.e. Bullying/Harassment, Gender-Based Violence, Sexual Harassment, Homophobia, Anti-Racism, Anti-Discrimination, Inclusive Education) List all that apply:

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Audience: (check all that apply)

School Staff

Students

Parents

School Administrators

Peers

Community

Other: _____

Curriculum Based Yes No

Resource Category:

DVD

Theatrical Production

Student Leadership

Workshop

Other: _____

Whole-School Program

Workbook

Storybook

Puppet Show

Presentation

Speaker

Check one of the following:

Board Submission

Vendor Submission

Other: _____

Division: (check all that apply)

K-3

4-6

7-8

9-10

11-12

Teacher / Parent tool

Please submit 5 key words that could be used to search for your resource on the Registry

Provide a description of no more than 100 words of the program or resource submitted.

Provide detailed information on the cost of purchasing this program or resource (e.g., the cost per board, licensing and other fees for schools or boards). (NOTE: Regarding travel/ mailing costs – Boards will contact vendor)

Please describe how your resource outlines protocols for safe reporting of incidents.

Please describe any ways in which your resource has achieved positive change.

Please describe any ways in which your resource provides opportunity for feedback.

Please describe any ways in which your resource contains assessment and evaluation materials to assess the effectiveness of the resource.

List the languages your resource is available in:

Please provide detailed information (if applicable) of how your resource includes appropriate accommodations and modifications to support the diverse learning needs of all students:

Resource Submission Method:

- Electronically to drew@ophea.org
- Hard copy Mailing: Ophea, Attn: Drew Maginn, 608-1 Concorde Gate, Toronto, ON, M3C 3N6
- **I require program/resource returned**

Next Steps:

1. Please return completed form Fax: attn: Drew Magin 416.426.7373
2. Submit program/resource Email: drew@ophea.org
3. Ophea to classify resource/program (classification may take up to 3 weeks – vendor will be contacted)
4. Vendor will receive completed Classification Checklist to review and next steps will be explained.

Contact Information:

Drew Maginn, Division Manager, Ophea

Telephone: 416.426.7122 **Email:** drew@ophea.org