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| E – Special Programs: Special Education | **EHBAF** |
| Page 1 of 7 | **EXHIBIT** |
| Special Education Video/Audio Recording - 2023 | |

The forms on the following pages are provided to assist the District in relation to operation of video and audio equipment in certain special education classrooms and other settings as required by law.

Exhibit A: Request for the installation of Video and Audio Recording Equipment – 1 page

Exhibit B: Written Response to Request for the Installation of Video and Audio Recording

Equipment Form - 1 page

Exhibit C: Notice of Installation of Video and Audio Recording Equipment – 1 page

Exhibit D: Incident Report Form – 2 pages

Exhibit E: Written Confirmation of Receipt of Incident Report Form – 1 page

**EXHIBIT A WRITTEN REQUEST FOR THE INSTALLATION OF**

**VIDEO AND AUDIO RECORDING EQUIPMENT**

A parent, Trustee, or staff member, as defined by law TEC §29.022, may request that video and audio equipment be installed in a self-contained classroom or other special education setting that meets the requirements of state law for such video and audio monitoring.

In order to make a request, complete the information below and submit this form to the campus principal. For more information, see EHBAF (LEGAL) and (LOCAL).

1. Requestor’s information:

|  |  |
| --- | --- |
| Name *(print)*: |  |
| Phone number: |  |
| Email address: |  |

I am a: □ Parent □ Trustee □ Staff member

1. If a parent/guardian, child’s name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Classroom/setting (room number or teacher’s/related service provider’s name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, this request meets the criteria in state law to require the District to conduct video and audio monitoring upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Use Only**

**Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXHIBIT B WRITTEN RESPONSE TO REQUEST FOR**

**THE INSTALLATION OF VIDEO AND AUDIO RECORDING EQUIPMENT FORM**

Within 10 school days from receipt of the Requests for Installation form, the District shall provide a written response to the requestor, with a copy to the campus principal, stating whether the Request for Installation will be granted. The response shall include a copy of [District]’s relevant Operating Guidelines.

**[To be Placed on District Letterhead]**

[Date]

[Name]

[Address]

[City, State, Zip]

RE: Request for the Installation of Video and Audio Recording Equipment

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This is to confirm that [school principal] received your Request for the Installation of Video and Audio Recording Equipment on [date of receipt]. In accordance with Texas Education Code §29.022, your request [is approved / is denied].

[Your request is denied because:

* You do not qualify as a Parent, Staff member or Trustee under §TEC 29.022
* The specific classroom you requested does not qualify as a Self-Contained Classroom or Other Special Education Setting under §TEC 29.022

A copy of the [District]’s Operating Guidelines for Video Surveillance of Special Education Settings Implementing §TEC 29.022 [SB 507] are enclosed. The video and audio recording equipment will be installed [specifically requested classroom/setting] within a reasonable period of time without undue delay. If you have further questions or need additional information, please let me know.

Sincerely,

[administrator name], administrator title]

[school district name] ISD

Enclosure: Operating guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507]

Cc: [Camus Principal] w/o enclosure and [Special Education Director] w/o enclosure

EXHIBIT C WRITTEN RESPONSE TO REQUEST FOR

THE INSTALLATION OF VIDEO AND AUDIO RECORDING EQUIPMENT FORM

Within 10 school days from receipt of the Requests for Installation form, the District shall provide a written response to the requestor, with a copy to the campus principal, stating whether the Request for Installation will be granted. The response shall include a copy of [District]’s relevant Operating Guidelines.

**[To be Placed on District Letterhead]**

[Date]

[Name]

[Address]

[City, State, Zip]

RE: Request for the Installation of Video and Audio Recording Equipment

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This is to confirm that [school principal] received your Request for the Installation of Video and Audio Recording Equipment on [date of receipt]. In accordance with Texas Education Code §29.022, your request [is approved / is denied].

[Your request is denied because:

* You do not qualify as a Parent, Staff member or Trustee under §TEC 29.022
* The specific classroom you requested does not qualify as a Self-Contained Classroom or Other Special Education Setting under §TEC 29.022

A copy of the [District]’s Operating Guidelines for Video Surveillance of Special Education Settings Implementing §TEC 29.022 [SB 507] are enclosed. The video and audio recording equipment will be installed [specifically requested classroom/setting] within a reasonable period of time without undue delay. If you have further questions or need additional information, please let me know.

Sincerely,

[administrator name], administrator title]

[school district name] ISD

Enclosure: Operating guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507]

Cc: [Camus Principal] w/o enclosure and [Special Education Director] w/o enclosure

EXHIBIT D **INCIDENT REPORT FORM**

A person may notify the District of alleged abuse or neglect occurring in a self-contained classroom or other special education setting where video/audio surveillance is in effect by completing an Incident Report form and providing it to the campus principal. The person making the Incident Report should be as specific as possible regarding the date, time, and location of the suspected abuse or neglect, should include any witnesses, and should describe the suspected abuse or neglect as clearly as possible. The Incident Report should be provided to the campus principal as soon as possible but no later than 48 hours after a person submitting the incident report becomes aware of suspected abuse or neglect.

Depending on the nature of the recorded incident, the District may also be required by law to release the recording for viewing to individuals described in EHBAF (LOCAL), including appropriate personnel or agents of the Department of Family and Protective Services and/or State Board for Educator Certification. For more information, see EHBAF (LEGAL) AND (LOCAL).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | |
| Mailing Address: | | | |  | | | | | |
| Home phone: | |  | | | | | | Mobile Phone: |  |
| E-mail address: | | |  | | | | | | |
| Dates(s) of alleged incident: | | | | | |  | | | |
| Time(s) of alleged incident: | | | | | |  | | | |
| Location (s) of alleged incident(s): | | | | | | |  | | |
| List any witness(es): | | | | |  | | | | |

Describe the incident(s) as clearly as possible, including names of individuals involved and any District policy or law you think may have been violated. (Attach additional pages if more space is needed):

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□ I am requesting to view the applicable recording.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | I am a Parent of: | □ | I am Texas Agency or State Board for Educator Certification employee or agent. |
| □ | I am a District employee involved in the alleged incident. | □ | I am a Police Officer; school nurse; administrator trained in de-escalation and restraint techniques; or Human resources staff member designated by the board of trustees. |
| □ | I am Texas Department of Family and protective Services personnel. |

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |
| Print Name |  |  |

EXHIBIT E **WRITTEN CONFIRMATION OF RECEIPT OF INCIDENT REPORT FORM**

Within 48 hours from receipt of the Incident Report form the campus principal will provide written confirmation of receipt of the Incident Report to the person making the report.

**[To be Placed on District Letterhead]**

[Date]

[Name]

[Address]

[City, State, Zip]

RE: RECEIPT OF INCIDENT REPORT

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This is to confirm that [school principal] received your Incident Report on [date]. In accordance with Texas Education Code §29.022 [SB 507] and [District]’s Operating Guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507], within 10 school days from the receipt of the Incident Report, the appropriate administrator, as allowed by TEC §29.022, will review the video and/or audio footage recorded on [the date(s) and times set forth in the incident Report] in the locations(s) set forth in the incident Report form to determine if any incident, as defined in TEC §29.022, is recorded.

Within 10 school days from the receipt of the Incident Report, District will provide you a written response stating whether the review substantiated an Incident.

A copy of the [District]’s Operating Guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507] are enclosed.

If you have further questions or need additional information, please let me know.

Sincerely,

[administrator name], administrator title]

[campus]

Enclosure: Operating guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507]

Cc: [Camus Principal] w/o enclosure and [Special Education Director] w/o enclosure