

SPECIAL EDUCATION INCIDENT REPORT FORM

This form should be completed and submitted to the Executive Director of Special Education and §504 Services if a parent or staff member believes an "incident" occurred in a classroom or other setting where special education audio and video equipment is operational.

An "incident" as defined by state law is an event or circumstance that (a) involves alleged "abuse" or "neglect" as defined by Texas Family Code Section 261.001, of a student by a EISD employee; and (b) allegedly occurred in a self-contained classroom in which video surveillance is required under the Texas Education Code Section 29.022.

Upon receipt of this form, a determination will be made if the information in the report alleges an "incident" as defined by state law. If the report does allege an incident, the Executive Director of Special Education and §504 Services will view the footage recorded on the date(s) described below to determine if any incident(s) as described below were recorded. If the recording documents an incident as defined by law, the Executive Director of Special Education and §504 Services will make available, on request, the recording for viewing by an employee or a parent or guardian of a student who is involved in the incident. Depending on the nature of the recorded incident, the Executive Director of Special Education and §504 Services 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.

Name of Reportee: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Name(s) of Student(s) believed to be involved in the alleged incident: _____

Date(s) of alleged incident: _____

Time(s) of alleged incident: _____

Location(s) of alleged incident(s): _____

List any witness(es) to the alleged incident: _____

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

If the applicable recording meets the elements of abuse or neglect, I am requesting to view the recording.

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: _____

FOR OFFICE USE ONLY:

Executive Director of Special Education and §504 Services signature: _____

Date Received: _____