



**Request for Reviewing of Video/Audio Recording in a
Special Education Classroom**

Consistent with La. R.S. 17:1948, a parent or legal guardian may request “to review a recording” of cameras installed in a special education, self-contained classroom or other special education setting. The state statute also allows for “limitations to a request.” For more information, please see St. Tammany Parish School Board policies IDDFC and IDDFC-P.

- This request is valid only for the incident or investigation outlined above.
- A notice of acceptance or denial will be sent to you within seven (7) school business days.
- **Please submit this form to the school principal. This request may be sent via U.S. mail or e-mail.**

1. Requestor’s information (please print):

- a. Name: _____
- b. Phone number/cell number: _____
- c. E-mail address: _____
- d. Address: _____
- e. Relationship to child: parent legal guardian
- f. Child’s name: _____

2. School: _____

3. Grade: _____

4. Classroom/Room Number: _____

5. Teacher’s name: _____

6. Date(s) of the alleged incident: _____

7. Time of the alleged incident: _____

8. Describe the reasons for the request for reviewing as clearly as possible, including the names of any witnesses and any School Board policies that you maintain were violated. (Attach additional pages if more space is required.)

Signature: _____ Date: _____

For Office Use Only:

This request for reviewing is: Approved Denied

The reasons for the denial: The Applicant is not the parent or legal guardian. There is no incident or investigation on the above date and time. Other reason: _____

Signature of the Principal: _____ Date: _____

Printed name of the Principal: _____ Date: _____