

Cleburne Independent School District
SB 507 Special Education Classroom Camera Review Request

Request is to be turned into Campus Principal or Assistant Principal

Person making request	Relationship to Student	Date of request
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Teacher's Name	Campus	Room Number
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Student Name	Grade
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Account of the alleged incident of abuse or neglect and justification for video viewing request. Include as much detail as possible, and please be specific regarding the date and time of the alleged incident.

Signature of Requestor	Date
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Signature of Campus Administrator	Position	Date
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Office Use Only

Director of Special Education Signature	Date Received
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Executive Director of Technology Signature	Date Received
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cc: Campus Principal when completed by Special Education and Technology