



SHERMAN ISD

SPECIAL POPULATIONS

2701 N. Loy Lake Road • Sherman, Texas 75090 • 903.891.6439 • www.shermanisd.net

Sherman ISD Request to Review Classroom Video Recording In Self-Contained Special Education Classrooms

PURPOSE: This form is used to request a review of a classroom video recording in accordance with Texas Education Code §29.022 and Sherman ISD procedures regarding video surveillance in self-contained special education settings.

SECTION 1: REQUEST INFORMATION

Campus: _____

Classroom/Program: _____

Date Submitted: _____

Requestor Name: _____

Relationship to Student (if applicable): _____

Phone Number: _____

Email Address: _____

SECTION 2: Student Information (If Applicable)

Student Name: _____

Student ID (Optional): _____

Grade: _____

SECTION 3: Incident Information

Date of Incident: _____

Approximate Time: _____

Location: _____

Individuals Involved (if known):

Detailed Description of Concern:

SECTION 4: Reason for Request

Please select all that apply:

- ☐ Alleged abuse of a student
- ☐ Alleged neglect of a student
- ☐ Alleged abuse by a student
- ☐ Student safety concern
- ☐ Staff safety concern
- ☐ Potential violation of district procedures
- ☐ Other: _____

SECTION 5: Requestor Acknowledgement

I understand that classroom video recordings are confidential educational records and are protected by federal and state law. Submission of this request does not guarantee access to a recording or viewing of a recording. Requests will be reviewed in accordance with Texas Education Code §29.022 and Sherman ISD procedures.

Requester Printed Name: _____

Requestor Signature: _____

Date: _____

DISTRICT USE ONLY SECTION

Date Received: _____

Received By: _____

Date Forwarded to Special Populations: _____

Review Determination:

☐ Approved for Review

☐ Additional Information Needed

☐ Denied

Reason for Decision:

Date Requestor Notified: _____

Administrator Signature: _____

Special Populations Representative: _____