



INCIDENT REPORT AND REQUEST TO VIEW SPECIAL EDUCATION CLASSROOM VIDEO

INSTRUCTIONS: This form must be submitted by parents or other authorized persons who are requesting to view video recordings from a special education classroom or other special education setting, as required by Board Policy EHBAF (Legal) and (Local). Access to video recordings is restricted by law and parents or other authorized persons may only view such recordings if the requested video documents an incident of abuse or neglect of the student, as defined by law, or otherwise constitutes an education record of a student under the Family Educational Rights and Privacy Act (FERPA). **This form must be submitted to this district email where the involved student attends school:** SpedCameraRequests@cfisd.net

PERSON MAKING REQUEST

Requestor Type (circle one): PARENT/GUARDIAN AUTHORIZED EMPLOYEE
PEACE OFFICER DFPS OTHER

Name: _____

Telephone: _____ Email Address: _____

Mailing Address: _____

DETAILS OF SUSPECTED INCIDENT OF ABUSE OR NEGLECT

Date of Incident: _____ Time of Incident: _____

Campus: _____ Room Number(s): _____

Name of Student Involved: _____

Describe the incident as clearly as possible, including how any suspected abuse or neglect occurred.

(You may attach additional pages if more space is needed): _____

List the names of any persons involved and/or any witnesses: _____

REQUEST SUBMITTED BY

Signature: _____

Date: _____

Printed Name: _____

