

The forms on the following pages are provided to assist the District in relation to operation of video and audio equipment in certain special education classrooms and other settings as required by law.

- Exhibit A: Request for the Installation of Video and Audio Recording Equipment—1 page
- Exhibit B: Response to Request for the Installation of Video and Audio Recording Equipment—1 page
- Exhibit C: Notice of Installation of Video and Audio Recording Equipment—1 page
- Exhibit D: Incident Report Form—1 page
- Exhibit E: Response to Incident Report Form—1 page
- Exhibit F: Written Notice of Discontinuation of Video and Audio Recording Equipment Form—1 page

EXHIBIT A

REQUEST FOR THE INSTALLATION OF
VIDEO AND AUDIO RECORDING EQUIPMENT

A parent, Trustee, or staff member, as defined by law, may request that video and audio equipment be installed in a self-contained classroom or other special education setting that meets the requirements of state law for such video and audio monitoring. In order to make a request, complete the information below and submit this form to the campus principal. For more information, see EHBAF(LEGAL) and (LOCAL).

1. Requestor's information:

Name (*print*): _____

Phone number: _____

E-mail address: _____

I am a: Parent Trustee Staff member

If a parent/guardian, child's name: _____

2. Campus: _____

3. Classroom/setting (*room number or teacher's/related service provider's name*):

To the best of my knowledge, this request meets the criteria in state law to require the District to conduct video and audio monitoring upon request.

Signature: _____ Date: _____

For Office Use Only

Principal's signature: _____

Date received: _____

EXHIBIT B

RESPONSE TO REQUEST FOR THE INSTALLATION OF
VIDEO AND AUDIO RECORDING EQUIPMENT

Dear _____,

In response to your request dated _____ (*date*) to install video and audio recording equipment in _____ (*specify classroom or instructional setting*), the District has determined the following:

- The request will be granted. The District will work as expeditiously as possible to install the equipment. However, several factors may affect timing of the installation, such as obtaining equipment that meets the legal requirements and District compliance with purchasing and contracting requirements. At this time, we anticipate the equipment becoming operational within _____ (*number*) weeks of the date of this letter. The school will notify you as soon as possible if unexpected delays occur.

As always, do not hesitate to contact me or other appropriate school staff if you are concerned about the safety of any child on our campus. If you suspect an incident may have occurred that violates a child's safety, please let me know right away.

- The request is denied because the request does not meet the requirements of state law for video and audio monitoring of certain special education classrooms or other settings. Please contact me as soon as possible so we can work together to address any concerns you may have about student safety.

Principal

Date

EXHIBIT C

NOTICE OF INSTALLATION OF VIDEO AND
AUDIO RECORDING EQUIPMENT

Note: Before the District installs video and audio recording equipment in a self-contained classroom or other special education setting in accordance with Education Code 29.022, the District is required to provide advance written notice to all staff assigned to the applicable campus and to the parents of the students receiving special education services in the classroom or setting. For more information, see EHBAF(LEGAL) and (LOCAL).

_____ (date)

_____ (campus)

As required by law, this letter serves as notice that the campus has received a request to install and operate video and audio recording equipment in the following location(s):

The sole purpose of video and audio monitoring is to promote the safety of students receiving special education services, and the recordings may not be used for any other purpose. Regular or continual monitoring of these recordings is prohibited.

The District will maintain the footage from these recordings for at least six months, as required by law.

Please contact the campus principal with any questions.

[Note to school administrator: If the District has determined that the request requires placing video and audio equipment in multiple special education classrooms or settings, be sure to indicate all the locations subject to the request.]

EXHIBIT D

INCIDENT REPORT FORM

This form is to be completed by a parent or guardian, on behalf of a parent or guardian, or by an employee who notifies the school of an alleged incident that occurred in a self-contained classroom or other special education setting where audio and video equipment is operational.

Upon receipt of this incident report form, appropriate District staff will begin viewing the footage recorded on the date(s) described below to determine whether any incident(s) as described below were recorded. If the recording documents an incident as defined by law, the District will release, 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 District 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. For more information, see EHBAF(LEGAL) and (LOCAL).

Contact Information:

Name: _____

Home phone: _____ Mobile phone: _____

E-mail address: _____

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

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

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

List any witness(es): _____

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

I am requesting to view the applicable recording.

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

Name (*print*): _____

Signature: _____ Date: _____

EXHIBIT E

RESPONSE TO INCIDENT REPORT FORM

Absent extenuating circumstances, within 10 District business days from the receipt of the Incident Report, a District administrator trained in de-escalation and restraint techniques and/or a human resources staff member will review the footage recorded on the date(s) and in the location set forth on the Incident Report form to determine if any Incident is recorded; however, the administrator shall take additional time if necessary to complete a thorough review. Absent extenuating circumstances, within 10 District business days from the receipt of the Incident Report, the campus principal or authorized designee will provide a written response to a person who submitted an Incident Report form stating whether the alleged incident was recorded on the video surveillance footage.

[To be Placed on District Letterhead]

[Date]

[Name]

[Address]

[City, State, Zip]

RE: RESPONSE TO INCIDENT REPORT

Dear _____:

In connection with the Incident Report you submitted on [date], and pursuant to Texas Education Code §29.022, [District] reviewed the video and/or audio recordings from [the date(s) and times set forth in the Incident Report] in the location(s) set forth on the Incident Report.

Upon review of the recordings, [District] determined that the recordings [did/did not] substantiate an Incident, as defined by TEC §29.022. [If no Incident is recorded: Consequently, release or viewing of the recordings will not be permitted unless otherwise required under the Family Educational Rights and Privacy Act.] [If Incident is recorded: [District] will allow you to view the recording, upon your request, if you qualify as a party authorized to view the recording under TEC §29.022. Please contact _____, to coordinate a viewing of the recording.]

If you have further questions or need additional information, please let me know.

Sincerely,

[principal name], [principal title]

[campus]

CC: [SPECIAL EDUCATION DIRECTOR]

EXHIBIT F

WRITTEN NOTIFICATION OF DISCONTINUATION OF VIDEO AND AUDIO RECORDING EQUIPMENT

If the make-up of the classroom or setting changes such that the location no longer meets the definition of a self-contained classroom or other special education setting, the video/audio recording may be discontinued, and written notice of the discontinuation of video/audio surveillance will be provided to the parents of the students receiving special education services in the classroom or setting.

[To be Placed on District Letterhead]

[Date]

[Name]

[Address]

[City, State, Zip]

RE: Written Notice of Discontinuation of Video and Audio Recording Equipment

Dear _____:

In accordance with Texas Education Code §29.022 and [District]'s Operating Guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507], the video/audio recording equipment in your child's classroom, [identification of classroom], will be discontinued on [date]; as the make-up of this classroom or setting no longer meets the definition of a self-contained classroom or other special education setting under Texas Education Code §29.022.

If you have questions or need additional information, please let me know.

A copy of the [District]'s Operating Guidelines for Video Surveillance of Special Education Settings Implementing TEC §29.022 [SB 507] are enclosed.

Sincerely,

[administrator name], [administrator title]

[campus]

Enclosure: EHBAF (REGULATION) for Video Surveillance of Special Education Settings
Implementing TEC §29.022 (SB 507)

Cc: [Campus Principal] w/o enclosure
[Special Education Director] w/o enclosure