

Plano ISD  
043910  
SPECIAL EDUCATION  
VIDEO/AUDIO MONITORING  
EHBAF(EXHIBIT)

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UPDATE 113

EHBAF(EXHIBIT)



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EXHIBIT A

REQUEST FOR THE INSTALLATION OF  
VIDEO AND AUDIO RECORDING EQUIPMENT

A parent, the Board of Trustees, principal, assistant principal 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).

Operation of the video camera system pursuant to this request will terminate at the end of the current school year unless a person eligible to make a request for the next school year submits a new request.

1. Requestor's information:

Name (*print*): \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am a/an:

Parent

Member of the Board of Trustees

Principal

Assistant Principal

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***

Signature of Principal or Authorized Administrator: \_\_\_\_\_

Date received: \_\_\_\_\_

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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:

- Your request will be granted. Video surveillance equipment will be installed no later than the 45th school business day (or the first school day after the 45th school business day if that day is not a school day) unless the Texas Education Agency grants the District an extension of time. Operation of the video camera system pursuant to this request will terminate at the end of the current school year unless a person eligible to make a request for the next school year submits a new request.

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.

Signature of Principal or Authorized Administrator: \_\_\_\_\_

Date: \_\_\_\_\_



EXHIBIT C

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: \_\_\_\_\_