

## SPECIAL EDUCATION VIDEO/AUDIO MONITORING REQUEST FORM

*A parent, Board of 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.*

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Campus Name: \_\_\_\_\_ Campus TEA #: \_\_\_\_\_

Relationship to Student:

Parent/Legal Guardian       District Trustee       Staff Member

Requester Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Per HISD Board Policy EHBAF (LEGAL), Special Education Video/Audio Monitoring I am requesting video surveillance be installed in the Special Education self-contained classroom listed below.***

Requester Signature

Date

For Houston ISD District Use Only

Room Number      Teacher Name

Campus Principal Printed Name

Campus Principal Signature

Date

Assistant Superintendent of Special Education Signature

Date

Approved

Denied

Form Must Be Submitted to the Campus Principal