**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****.*

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**Requester Signature Date**

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| 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**