

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: _____