**FORT BEND INDEPENDENT SCHOOL DISTRICT**

**REQUEST FOR VIDEO SURVEILLANCE**

**FOR THE 2023-2024 SCHOOL YEAR**

On the request of an eligible parent, staff member, principal, assistant principal, or the Board of Trustees, the District must provide video equipment, including video cameras with audio recording capabilities, to campuses in accordance with Section 29.022, Texas Education Code, 19 T.A.C. § 103.1301, and Board Policy EHBAF. Campuses that receive equipment must place, operate, and maintain video cameras in certain self-contained classrooms or other special education settings. Video surveillance is solely for the purpose of promoting student safety. Regular or continual monitoring of video recordings is prohibited by law. Video recordings are confidential by law and may only be accessed or viewed by certain individuals under very limited circumstances as defined by the Texas Education Code. **An approved request for video surveillance is only valid for the current school year. Operation of the requested video camera(s) will not continue during the following school year unless the person eligible to make a request for the next school year submits a new request.**

***“Self-Contained Classroom”* means:** a classroom on a regular school campus (i.e., a campus that serves students in general education and students in special education) of a school district or an open-enrollment charter school in which a majority of the students in regular attendance are provided special education and related services and have one of the following instructional arrangements/settings described in the Student Attendance Accounting Handbook:

* self-contained (mild/moderate/severe) regular campus;
* full-time early childhood (pre-school program for children with disabilities) special education setting;
* residential care and treatment facility—self-contained (mild/moderate/severe) regular campus;
* residential care and treatment facility—full-time early childhood special education setting;
* off home campus—self-contained (mild/moderate/severe) regular campus; or
* off home campus—full-time early childhood special education setting.

Self-Contained Classroom does not include a classroom that is a resource room instructional arrangement as described in TEC 42.151.

***“Other Special Education Setting”* means:** a classroom on a separate campus (i.e. a campus that serves only students who receive special education and related services) of a school district or open-enrollment charter school in which a majority of the students in regular attendance are provided special education and related services and have one of the following instructional arrangements/settings described in the Student Attendance Accounting Handbook:

* residential care and treatment facility—separate campus; or
* off home campus—separate campus.

***“Board”* means:**

* The Fort Bend ISD Board of Trustees.

***“Parent”* means:**

* + a person, including a guardian or other person standing in parental relation to a student, described in Section 26.022, Texas Education Code, whose child receives special education and related services for at least 50% of the instructional day in the Self-Contained Classroom or Other Special Education Setting;
	+ a person, including a guardian or other person standing in parental relation to a student, whose child will receive special education and related services for at least 50% of the instructional day in the Self-Contained Classroom or Other Special Education Setting for the following school year; **or**
	+ a student who receives special education and related services for at least 50% of the instructional day in a Self-Contained Classroom or Other Special Education Setting; and is 18 years of age or older or whose disabilities of minority have been removed for general purposes under Texas Family Code, Chapter 31, unless the student has been determined to be incompetent or the student’s rights have been otherwise restricted by a court order.

***“Principal” or “Assistant Principal” mean:***

* the principal or an assistant principal of the campus at which the Self-Contained Classroom or Other Special Education Setting is located.

***“Staff Member”* means:**

* a teacher, related service provider, paraprofessional, counselor, or educational aide assigned to work in the Self-Contained Classroom or Other Special Education Setting.

***“SB 1398 Administrator”* means:**

* As required under TEC §29.022, the District has identified Executive Director, Special Education, as the administrator at the primary administrative office of the District with responsibility for coordinating the provision of equipment to schools and campuses in compliance with TEC § 29.022 and 19 T.A.C. § 103.1301.

To request video surveillance for the 2023-2024 school year pursuant to Section 29.02, Texas Education Code, please complete the form contained on the next page. The District will notify you upon its receipt and then review the request for eligibility and information you of its decision.

**FORT BEND INDEPENDENT SCHOOL DISTRICT**

**REQUEST FOR VIDEO SURVEILLANCE**

**FOR THE 2023-2024 SCHOOL YEAR**

**Requester’s Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Contact Information**:

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

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

**According to the above definitions, I (we) qualify as a:**

**☐ Parent ☐ Board ☐ Staff Member**

**☐ Principal ☐ Assistant Principal**

Please provide the following information, as applicable, regarding your request:

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

**Campus Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of requested surveillance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **☐ cool down room ☐ kitchen area ☐ sensory room**

 **☐ restroom (adjourn to classroom) ☐ Utility Laundry Room**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please return the completed Form A to the District’s SB 1398 Administrator, Executive Director, Student Support Services – Deena Hill – Deena.Hill@fortbendisd.com***

***The District will contact you regarding the status of your request within seven (7) school business days after receipt of the completed Form A by the person to whom it must be submitted.***