



**REQUEST FOR VIDEO EQUIPMENT  
IN A SPECIAL EDUCATION CLASSROOM**



A Parent, Trustee or Staff Member may request that Video Equipment with audio capability be installed in a Self-Contained Classroom or other Special Education Setting such that all areas excluding the bathroom and student changing areas are observable. In order to make a request, please complete the information below and submit the completed form to the Director of Special Education at the Irving ISD Administration Building (2621 W. Airport Freeway, Irving, TX 75062) or via email (medwards-scott@irvingisd.net). All of the capitalized terms used herein have a legal definition. For those definitions and more information, the following website is available: [www.irvingisd.net/spedvideoequipment](http://www.irvingisd.net/spedvideoequipment). See also Irving ISD Board policies EHBAF(LEGAL) AND EHBAR(LOCAL).

**REQUESTOR'S INFORMATION**

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

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

Email 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**

Received by (print and sign): \_\_\_\_\_

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

Confirm Classroom/setting? Yes / No (circle one) Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Notification to affected staff? Yes / No (circle one) Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Notification to affected parents? Yes / No (circle one) Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Installation Completed: Yes / No (circle one) Initial: \_\_\_\_\_ Date: \_\_\_\_\_