Seguin ISD

Incident Report Form

To be completed by a parent or guardian, on behalf of a parent or guardian, or by an employee who notifies Seguin ISD of an alleged incident that occurred in a special education classroom or other special education setting where audio and video equipment is operational.

Upon receipt of this incident form, appropriate Seguin ISD personnel will begin viewing the footage recorded on the date(s) described below to determine any incident(s) as described below were recorded. If the recording documents an incident as defined by law, Seguin ISD 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, Seguin ISD may also be required by law to release the recording for viewing to individuals described in Board Policy on Video Surveillance of Certain Special Education Settings, including appropriate personnel or agents of the Department of Family and Protective Services and/or the State Board for Educator Certification. Board Policy EHBAF (LEGAL) (LOCAL)

Requester Information:

Name: _____

Home Phone: _____ Mobile Phone: _____

Email 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 Seguin ISD policy or law you think may have been violated. (Attach additional pages if more space is needed.)

_____

_____

VIDEO SURVEILLANCE PROCEDURES AND FORMS – SEGUIN ISD

_____

_____

_____

_____

I am requesting to view the applicable recording: _____ Yes _____ No

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief. I further acknowledge and agree that I am aware of my legal obligation to report suspected abuse or neglect to the appropriate authorities, as described in Subchapter B, Chapter 261 of the Texas Family Code.

Signature: _____ Date: _____

Printed Name: _____

Return to your campus or the Special Education Department, 1221 E. Kingsbury.

For Office Use Only

Received by: _____ Date:_____

Forwarded to Director of Special Education by:_____ Date: _____

Received in Special Education by _____ Date:_____

Incident _____ confirmed _____not confirmed

By:_____ Date:_____

Attorney Notified by: _____Date:_____

Date of video viewing appoint with Requester _____

Requester notified by _____Date_____