

## FORM A

### Audio/Video Recording

#### ASCENSION PARISH SCHOOL BOARD REQUEST FOR CAMERA INSTALLATION FOR THE \_\_\_\_\_ SCHOOL YEAR

Upon receipt of a written request of a parent or legal guardian of an eligible student with a disability, the Ascension Parish School Board (APSB or District) will provide audio/video equipment (i.e., video cameras with audio recording capabilities) to its affected school campuses in accordance with State law and Administrative Procedures established by the Superintendent, subject to the availability of specific funding for such purpose. Audio/video recording is solely for the purpose of promoting student safety. Regular or continual monitoring of audio/video recordings is prohibited. Audio/video recordings are confidential and may only be accessed or viewed by certain individuals under very limited circumstances as defined by law and School Board policy and procedures. **An approved request for audio/video recording is only valid for the current school year. Operation of the requested audio/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.**

***“Eligible Student with a Disability” means:***

- a student identified with a disability under Louisiana Department of Education (LDOE) Bulletin 1508 who receives special education in a self-contained classroom or other special education setting on a school campus of the School Board in which a majority of students in regular attendance are provided special education and related services and are assigned to one or more self-contained classrooms or other special education settings for at least fifty percent (50%) of the instructional day. The term is not applicable to special education classrooms or settings where the only students with exceptionalities receiving special education and related services are those identified as gifted or talented (under LDE Bulletin 1508) who have not been identified as also having a disability under Bulletin 1508 and served in special instructional settings for 50% of the day as described herein. The term also does not include students in a resource classroom/instructional arrangement as described in LDE Bulletin 1706.

***“Parent” means:***

- a person, including a legal guardian, whose child receives special education and related services (not gifted/talented only) for at least 50% of the instructional day in the Self-Contained Classroom or Other Special Education Setting; **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, unless the student has been determined to be incompetent or the student’s rights have been otherwise restricted by a court order.

***“Principal” means:***

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

***“Designated District Representative” means:***

- The individual the District has identified as the administrator with responsibility for coordinating procedures in compliance with La. R.S. 17:1948.

***To request video recording pursuant to La. R.S. 17:1948, please complete the form contained on the next page. The District will review the request for eligibility and inform you of its decision.***

FORM A  
Audio/Video Recording

ASCENSION PARISH SCHOOL BOARD REQUEST FOR CAMERA INSTALLATION

Requester's Printed Name: \_\_\_\_\_

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

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

Contact Information:

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

Email Address: (List the email address that you authorize for use in response to this request).

\_\_\_\_\_

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

☐ Parent(s) ☐ Legal Guardian(s) ☐ Adult Student

Please provide the following information regarding your request:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Classroom/Setting where camera is requested (Classroom/Room # or Special Education Teacher's Name):

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please return the completed form to: \_\_\_\_\_ at

\_\_\_\_\_

***You will be contacted regarding the status of your request within ten (10) school business days after receipt of this form by the Designated District Representative. Incomplete requests will be returned without further action.***

\*\*\*\*\*For

***Office Use Only:***

Principal Signature: \_\_\_\_\_

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

Self-Contained Classroom ID: \_\_\_\_\_

Does classroom contain changing area/bathroom: \_\_\_\_\_

**FORM B**

**Audio/Video Monitoring**

**Ascension Parish School Board  
Acknowledgement of Request for Camera Installation  
For The \_\_\_\_\_ School Year**

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

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

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

**Contact Information:**

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

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

**Name of Student:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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This is to acknowledge receipt of your request for installation of audio/video monitoring equipment in your child's special education classroom.

**Received by the Superintendent/District Representative on:** \_\_\_\_\_ **(DATE)**

Your request must meet the requirements of Louisiana law and School Board Policy. You will be notified once your request has been approved. Approved requests for audio/video monitoring of special education classrooms will be processed in accordance with applicable state law and School Board policy, including but not limited to a walk-through assessment of the premises and determination of structural/installation needs; an assessment of available funds; solicitation of qualified equipment, installers, and maintenance resources; and prior notice to affected individuals regarding use of the devices.

\_\_\_\_\_  
Designated Representative

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

**FORM C**

Audio/Video Recording

**Ascension Parish School Board**  
**Request for Audio/Video Recording—Eligibility Decision**  
**FOR THE \_\_\_\_\_ SCHOOL YEAR**

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

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

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

**Contact Information:**

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

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

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

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

This is to inform you that your request for installation of audio/video recording equipment in your child's special education classroom **was approved**. Installation will proceed in accordance with State law and School Board Policy.

Thank you for your patience as we processed your request. We conducted a walk-through of the premises to determine structural/installation needs; solicited qualified equipment and installers; assessed anticipated costs and availability of funds; and will schedule dates and times for installation in a manner that minimizes disruption to classroom activities.

Prior notice to affected individuals and training of staff is required before cameras can begin to operate. The **school principal** will notify you of the date when the cameras will be activated.

\_\_\_\_\_  
[Designated Representative] Date: \_\_\_\_\_

**FORM D**

**Audio/Video Recording**

**ASCENSION PARISH SCHOOL BOARD**  
**Notice of Installation & Operation of Audio/Video Recording Equipment**

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

Before the Ascension Parish School Board installs and begins operation of audio/video recording equipment in a self-contained classroom or other special education setting as permitted under La. R.S. 17:1948, the Board is required to provide written notice to all staff assigned to the applicable classroom and to the parents of the students in regular attendance in the classroom or setting.

As required by law, this letter serves as notice that the School Board has approved a request to install and begin operation of audio/video recording equipment as follows:

**Anticipated Date of Camera Activation:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

Classroom(s):

\_\_\_\_\_  
\_\_\_\_\_

The sole purpose of audio/video recording authorized by La. R.S. 17:1948 is to promote the safety of students receiving special education services. The audio/video recordings may not be used for any other purpose. Regular or continual monitoring of these recordings is prohibited.

The School Board will maintain the footage from these recordings for at least one (1) month, as required by law.

Please contact the School District's Designated Representative with any questions.

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

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**FORM E**

**Audio/Video Monitoring**

**Ascension Parish Board  
INCIDENT REPORT AND REQUEST TO VIEW VIDEO**

**RECORDING Date:** \_\_\_\_\_

**Incident reports should be filed with the Designated Representative as soon as feasible after the individual submitting the report suspects the alleged incident. Incident reports should be submitted within 48 hours after the event or circumstance giving rise to the allegation.**

**Requester's Name:** \_\_\_\_\_

**Requester's email address:** \_\_\_\_\_

**Requester's phone number:** \_\_\_\_\_

**I am a parent/legal guardian of a student involved in an alleged Incident believed to be documented by a video recording.**

**Student's name:** \_\_\_\_\_

**Student's school:** \_\_\_\_\_

**My report pertains to an event or circumstance involving alleged (please check all that apply):**

\_\_\_\_\_ Abuse of a student by a District employee

\_\_\_\_\_ Neglect of a student by a District employee,

\_\_\_\_\_ Physical Abuse of a student by another student,

\_\_\_\_\_ Sexual Abuse of a student by another student

\_\_\_\_\_ Other: \_\_\_\_\_

**Location of the self-contained classroom or other special education setting where the alleged**

**Incident occurred:** \_\_\_\_\_

**Date and time of the alleged Incident (please be specific and identify the date and time within a 48-hour window, if possible):**

\_\_\_\_\_  
\_\_\_\_\_

**Please describe with specificity the nature of your report, including the events or circumstances giving rise to your report and the name of any staff member/employee or student that may be involved in the alleged incident (please attach additional pages if necessary):**

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**Please provide any additional information that you would like to share in connection with your report:**

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**In conjunction with this report, I am requesting to view the applicable recording:**

☐ **Yes**      ☐ **No**

<hr/>	<hr/>
<b>Signature</b>	<b>Date</b>

**Please submit the completed Form E to the campus Principal. The District Representative will contact you regarding the status of your report/request.**

**Form F - 1**

Audio/Video Recording

**RESPONSE TO INCIDENT REPORT AND REQUEST TO REVIEW AUDIO/VIDEO RECORDING**

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

Dear \_\_\_\_\_:

In connection with the Incident Report you submitted on \_\_\_\_\_, and pursuant to La. R.S. 17:1948 and Ascension Parish School Board Policy and Procedures, we reviewed your Incident Report and determined that:

You are an Eligible Requestor (parent or legal guardian of a student in a Self-Contained Classroom or Other Special Education setting).

The report contained an allegation of an **Incident** (abuse, neglect, sexual misconduct as defined by the Louisiana Children's Code and School Board procedures).

The report alleged an Incident that occurred in a Self-Contained Classroom or Other Special Education setting subject to La. R.S. 17:1948.

You requested the opportunity to view the recording of the alleged Incident you reported. As a result, **we have commenced an investigation of your allegations.**

If you requested the opportunity to view the recording of the alleged incident, we are granting your request for a viewing of the recording.

**Please contact me at \_\_\_\_\_ to schedule the viewing appointment.** Video recordings will be made available at \_\_\_\_\_, located at \_\_\_\_\_ between the hours of 9:00 am and 3:00 pm, Mondays through Thursdays. If these times do not work for you, we will make reasonable attempts to arrange for a mutually acceptable time for you to view the specific video recording(s).

A copy of the Ascension Parish School Board's *Cameras in Special Education Classrooms/Settings Procedures Implementing La. R.S. 17:1948* available from \_\_\_\_\_. If you have questions or need additional information, feel free to contact me at: \_\_\_\_\_

Sincerely,

Designated Representative



**Form F-2**

Audio/Video Recording

**ASCENSION PARISH SCHOOL BOARD  
Response To Incident Report and Denial of Request to Review Video Recording**

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

Dear \_\_\_\_\_:

In connection with the Incident Report you submitted on \_\_\_\_\_, and pursuant to La. R.S. 17:1948 and Ascension Parish School Board Policy and Procedures, we reviewed your Incident Report and determined that:

You are not an Eligible Requestor (parent or legal guardian of a student in a Self-Contained Classroom or Other Special Education setting).

The report did not contain an allegation of an **Incident** (abuse, neglect, sexual misconduct as defined by the Louisiana Children's Code and School Board procedures).

The classroom identified does not meet the definition of Self-Contained Classroom or Other Special Education setting as set forth in La. R.S. 17:1948 and School Board policy.

As a result, we are respectfully denying your request for a viewing of the recording.

If you have questions or need additional information, feel free to contact me at:

\_\_\_\_\_

Sincerely,

Designated Representative

**Form G****Audio/Video Monitoring**

**Ascension Parish School Board  
NOTICE OF DISCONTINUATION OF VIDEO/AUDIO MONITORING**

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

To Whom It May Concern:

Ascension Parish School Board procedures requires a school with a video camera in a self-contained classroom or other special education setting in accordance with La. R.S. 17:1948 to operate and maintain the video camera, as long as the classroom continues to satisfy the requirements of State law, for the remainder of the school year in which the request for video monitoring was received, unless the requester withdraws the request in writing.

In accordance with School Board policy and procedures, the purpose of this notice is to inform you that operation of the video camera(s) in the location(s) listed below will be discontinued in five (5) school days and will not resume unless a person eligible to make a request for video monitoring under La. R.S. 17:1948 submits a new request. Please contact my office to obtain a copy of Form A if you wish to request continuation or resumption of video monitoring in your child's self-contained classroom.

**School:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

Please contact me or the Principal, \_\_\_\_\_ with any questions or concerns.

Designated Representative: \_\_\_\_\_

Email: \_\_\_\_\_

**FORM H**

Audio/Video Recording

**ASCENSION PARISH SCHOOL BOARD  
Notice of Incident Report to Non-Reporting Parent/Guardians**

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

This is a follow-up to our phone communication on \_\_\_\_\_, advising you that we have received a report alleging abuse, neglect, or sexual misconduct in your child's classroom where video cameras are installed in accordance with La. R.S. 17:1948. Please be assured that we take such reports seriously and are investigating the allegations, including the assistance of law enforcement officials as appropriate.

The sole purpose of audio/video recording authorized by La. R.S. 17:1948 is to promote the safety of students receiving special education services. The audio/video recordings may not be used for any other purpose. Eligible Requestors may request to review a recording when a valid Incident has been reported. A request to review a recording must be made in writing to this office.

Please contact me if you have any questions.

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

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_