EAST BATON ROUGE PARISH SCHOOL SYSTEM



Request for Reviewing of Audio/Video Recording in a Special Education Classroom

Incident reports should be filed with the DDR 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. Consistent with La. R.S. 17:1948, a parent or legal guardian may request "to review a recording" of cameras installed in a special education, self-contained classroom or other special education setting. The state statute also allows for "limitations to a request." For more information, please see East Baton Rouge Parish School Board policies IDDCF.

Signatu	ure:	Date:		
In conji	unction with this report, I am requesti	ing to view the applicable	recording: YES NO	
	describe with specificity the nature of ort including the names of anyone in		e events or circumstances surrounding ent:	
Locatio	on where the alleged incident occurred	1:		
€	Other:			
€				
	€ Physical abuse of a student by another student			
€	•	- ·		
€	Abuse of a student by a District en	nnlovee		
5. My	report pertains to an event or circums	stance involving an alleged	d (please check all that apply):	
3. Teacher's name: 4. Date(s) of the alleged incident: 5. Manuscript and the state of the alleged incident: 6. Manuscript and the state of the alleged incident: 7. Manuscript and the state of the alleged incident:				
3. Tea	cher's name:			
2 Sch	nool.	Grade:	Classroom #:	
	e. Relationship to child: ☐ Parent(s) ☐ Legal guardian(s) ☐ Adult Student f. Child's name:			
	d. Address:			
	c. E-mail address:			
	b. Phone number/cell number: _			
	a. Name (print):			
1. Reg	questor's information:			

EAST BATON ROUGE PARISH SCHOOL SYSTEM



- This request is valid only for the incident or investigation outlined above.
- The District Representative will contact you regarding the status of your report/request.
- The notice of acceptance or denial will be sent to you within ten (10) school business days.
- Please submit this form to the Superintendent or his/her designee. This request may be sent via U.S. mail or e-mail.

Signature of the Designated Representative:	Date:			
The reasons for the denial: \Box The Applicant is not the parent or legal guardian. \Box There is no incident or investigation on the above date and time. \Box Other reason:				
This request for reviewing is: ☐ Approved ☐ Deni	ied.			
For Office Use Only:				