



Washoe County
School District

School Level Access Request

(Dean, Counselor, Psychologist, Learning Facilitator, Data/Instructional Coach)

2023-2024 School Year

Applications: i-Ready, NWEA, SchoolCity

Obtaining School Level User Access: Licensed education leaders granted school level user access can view assessment, demographic, and other data for all students enrolled in a school. Principals and assistant principals are automatically granted schoolwide/school administrator access. Other licensed school level leaders including deans, counselors, psychologists, building learning facilitators, or instructional coaches supporting classroom teachers and schoolwide implementations may request access on a *yearly basis*. **User accounts must be deactivated at the end of the school year or upon departure from the position/school/district.**

***** IMPORTANT: Passwords must NEVER be shared; data access is authorized for individual users. (WCSD BP7205)*****

Request for School Level User Access

1. School level user access requested to provide schoolwide support for (*check purposes/reason for request*).

Data Analysis, PLC Support School Performance Plan/SPP MTSS (schoolwide)

2. Select Platform: i-Ready (K-8, HS) NWEA MAP (K-3) SchoolCity (K-12)

<p>Type/Print:</p> <p>Employee Name: _____</p> <p>WCSD Username (Email): _____</p> <p>School *: _____</p> <p>Position (Title): _____</p>	<p><i>*Multiple Schools</i></p> <p><i>Complete ONE FORM PER SCHOOL and contact the school principal for their signature; principal may sign for their own school only.</i></p>
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REQUESTOR: By signing below, I understand that I am responsible for maintaining the security of student and employee data. I will not disclose employee, student, or school information to any member of the public or utilize data for outside research. If information is needed for personal or third-party research or requested by the public, I will contact or refer the requestor to the WCSD Office of Accountability.

REQUESTOR Handwritten Signature or Digital Timestamped Signature

Date

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School Principal: By signing below, I acknowledge the requestor will have direct access to school, class, and student level data associated with the requested application(s). If the requestor leaves the school or their position changes such that their schoolwide access should be removed, I will immediately advise the Department of Assessment.

SCHOOL PRINCIPAL *Handwritten Signature or Digital Timestamped Signature*

Date

Note: AP, Dean, etc. may not sign as the school principal.

Return completed form via email to assessmentsupport@washoeschools.net or school mail ATTN: Department of Assessment