



Washoe County
School District

2023-2024 School Year Teacher & Department Leader Request Form Schoolwide Access: NWEA, SchoolCity

Obtaining School Level User Access: School level user access for teachers in leadership roles must be formally *requested on a yearly basis*. Access to the listed platforms may be granted to licensed educators filling certified and administrator positions only. School level access will not be granted to ESP (classified) staff. **User accounts must be deactivated at the end of the school year and reauthorized at the start of each 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 grade level or department level support for (check purposes/reason for request).

- PLC Support
- Data Analysis
- Intervention/Enrichment
- MTSS

2. Select Platform:

- NWEA MAP (K-3)
- SchoolCity (K-12)

Type/Print:

Employee Name: _____

WCSD Username (Email): _____

School: _____

Position (Title): _____ Grade Level(s): _____

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

>>>

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 PDF document via email to assessmentsupport@washoeschools.net or school mail ATTN: Department of Assessment