



Washoe County
School District

School Level Access Request

Dean, Counselor, Building Coach/LF, School Psychologist, SLP (Speech), SEF, ELF

2024-2025 School Year

Applications: i-Ready, NWEA (MAP), SchoolCity

Obtaining School Administrator Access: Individuals granted school administrator or school level user access can view assessment, demographic, and other sensitive data for all students enrolled in a school. This access may also allow an individual to view user activity and profiles of other users (teachers, administrators) associated with the school. School level access should be reauthorized *each new school year* and should be immediately removed if the requestor changes roles or leaves the school or district.

****This form is for WCSD personnel in the following positions: Dean, Counselor, Instructional/Data Coach, Learning Facilitator/Consultant, School Psychologist, SLP/Speech Language Pathologist, SPED Facilitator.**

<p>Employee Name: _____</p> <p>WCSD Username (Email): _____</p> <p>**Position (Title): _____</p> <p>School: _____</p>	<p>***Multiple Schools***</p> <p>Complete ONE FORM PER SCHOOL and contact the school principal for their signature; principal may sign for their own school only.</p>
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1. Application(s): NWEA MAP (K-3) i-Ready (K-8) SchoolCity (6-12)

2. Please indicate reason(s) for requesting School Administrator access:

- Supervise/Monitor Programs, Systems, & Processes Data Analysis; SPP Implementation Other:
 PLC/Dept Support; Coaching, Professional Learning MTSS (schoolwide)

IMPORTANT: Passwords must NEVER be shared. Access is authorized for individual users. (WCSD Board Policy 7205)
User accounts must be reauthorized at the start of each school year. Accounts should be deactivated upon departure from the position, school, or district.

REQUESTOR: By signing below, I agree to use the application and available resources as intended and authorized by the school principal. I further 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, program features and tools 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

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