



2020-2021

Request for Schoolwide Access

SchoolCity/NWEA MAP Assessment and Reporting Systems

Principals and assistant principals are automatically granted schoolwide access. Requests for schoolwide access may be appropriate for deans, coaches, counselors, psychologists and other educational personnel (not ESP staff) supporting classroom teachers throughout the school building and must be **completed annually**.

Schoolwide access grants the user permission to view assessment and demographic data for all students included in the assigned school(s) for the purpose of supporting instruction at the school level and school performance goals. **Schoolwide accounts will be deactivated at the end of the school year and must be reauthorized at the start of each school year.** Schoolwide access to SchoolCity and NWEA MAP system/s is not intended for classroom teachers nor should it be granted to any ESP (classified) staff.

***** Usernames/Passwords are NEVER to be shared *****

Type/Print:
Employee: _____ Position: _____
WCSD Email: _____@washoeschools.net
School: _____
(For multiple schools, complete one form per school; Principal may sign for their own school only)

To provide schoolwide/school level support for:

SchoolCity

MAP

Check Purpose(s) Below:

- Intervention/Enrichment
- Special Programs
- MTSS
- Data Analysis
- SPP/School Performance Plan
- Other (describe): _____

★ Principal Special Request: Staff who are not in an administrator, coaching, or counseling role, yet are in a leadership position that demands frequent review and monitoring of schoolwide data from these systems, **require a signature from the school principal.**

Note: APs, Deans, etc. may not sign as the principal.

PRINCIPAL _____
Handwritten Signature or Electronic Signature

Date

By signing below, I understand that I am responsible for maintaining the security of student and employee data. I will not provide 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.

EMPLOYEE Handwritten Signature or Electronic Signature

Date

For Assessment Department use only:

Date Completed/Initials _____