



Washoe County
School District

SY 2024-2025 School Level Access

Middle/High: Department Leader, Instructional/Data Coach

Applications: i-Ready, SchoolCity

Obtaining School Level User Access: School level user access for teachers in instructional leadership roles must be formally *authorized on a yearly basis*. Access to the listed platform(s) may be granted to licensed educators filling certified and administrator positions only. School level access will not be granted to ESP (classified) staff.

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.

Request for School Level User Access

1. Teacher Special Assignment

Department Leader Instructional Coach Data Coach Content Area(s): _____

2. Personal Information

Employee Name: _____

WCSD Username (Email): _____

School: _____

Job Title (position): _____ Grade Level(s): _____

3. Platform(s):

i-Ready (6-8) SchoolCity (6-12)

REQUESTOR: By signing below, I agree to use the application and available resources as intended and authorized by the school principal. I understand that I am responsible for maintaining the security and privacy 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 or Digital Timestamped Signature

Date

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School Principal: By signing below, I acknowledge the requestor will have direct access to school, teacher, 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 school level access should be removed, I will immediately advise the Department of Assessment.

★ SCHOOL PRINCIPAL *Handwritten or Digital Timestamped Signature*

Date

★ *Principal signature only; 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