



☐ New    ☐ Change  
☐ Temporary Access

**User Access Request Form**  
(For Office Staff/Administrators/Facilitators)  
**EPR/Gradebook**  
**eSchoolPLUS/Cognos**  
**Insight**

**Learning Management Services**

PLEASE PRINT LEGIBLY (complete all sections below as needed):

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
SCHOOL/DEPARTMENT: \_\_\_\_\_ CRC Staff: ☐ Yes ☐ No  
CURRENT USERNAME (Employee ID): \_\_\_\_\_ EPS Employee: ☐ Yes ☐ No  
TITLE & POSITION: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_  
Temporary position: ☐ Yes ☐ No If yes, Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Assigned Schools: \_\_\_\_\_

*User access will be granted after training; the amount of training required varies based on the systems and access.*

**Who should be contacted to schedule systems training for this person?** \_\_\_\_\_

**When will they be available for training?** \_\_\_\_\_

**SECTION A: EPR/Gradebook**

Access Form not required for classroom teachers.

**Elementary Progress Report (EPR) Access**

☐ Yes ☐ No

Only needed for office and admin access/printing of EPR.

**Gradebook Access**

☐ Yes ☐ No

Only for Secondary Schools and Elementary Gradebook Pilot Schools.

☐ Building Administrator    ☐ Student Access for building    Attendance: ☐ View ☐ Edit

**SECTION B: eSchoolPLUS and Cognos**

Access Form not required for classroom teachers.

**1. Role(s)**

- |                                                 |                                               |                                                |                                              |
|-------------------------------------------------|-----------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> District Administrator | <input type="checkbox"/> Records Secretary    | <input type="checkbox"/> Counseling Secretary  | <input type="checkbox"/> Assessment          |
| <input type="checkbox"/> Building Administrator | <input type="checkbox"/> Transcript Secretary | <input type="checkbox"/> Specialist            | <input type="checkbox"/> Success Coordinator |
| <input type="checkbox"/> Secondary Counselor    | <input type="checkbox"/> Attendance Secretary | <input type="checkbox"/> Nurse                 | <input type="checkbox"/> ELL Para            |
| <input type="checkbox"/> Elementary Counselor   | <input type="checkbox"/> Discipline Secretary | <input type="checkbox"/> Health Room Assistant | <input type="checkbox"/> Admin Para          |
| <input type="checkbox"/> Office Manager         | <input type="checkbox"/> Registrar            | <input type="checkbox"/> Categorical Programs  | (provide responsibilities in section B-4)    |
- ☐ Other (please specify): \_\_\_\_\_

**2. Building Access**

- ☐ Standard (Assigned Schools)  
☐ Other (please specify) \_\_\_\_\_

**3. View Meal Status Information**    ☐ Yes ☐ No    (If YES, SECTION D MUST BE COMPLETED)

**4. Please Specify Additional Access Needed/Responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_

**Signatures required on Page 2**

**SECTION C: Insight****(SECTION D MUST BE COMPLETED)**

Access Form not required for classroom teachers.

**Insight Access**☐ Yes ☐ No

This will include Free and Reduced Meal Status information. **All** users requesting access to Insight must also complete section D.

**SECTION D: Annual Notification Confidentiality Letter  
Disclosure of Student Free and Reduced Meal Status Information**

If employee has view access to Free and Reduced Meal Status this section must be completed.

**If employee is requesting to view Free and Reduced Meal status, an Annual Notification Confidentiality Letter is required (Appendix A).**

Please initial the following statement where applicable.

\_\_\_\_\_ (Supervisor Initials) I have given the employee the Annual Notification Confidentiality Letter  
\_\_\_\_\_ (Employee Initials) I have received the Annual Notification Confidentiality Letter

**SECTION E: To be read and completed by SUPERVISOR and EMPLOYEE**

Sections A, B, C and/or D to be completed before supervisor signature.

**Acknowledgment of Confidentiality and Acceptable Use Provisions**

As an employee of the Everett School District #2, I am aware that student and employee data to which I have access must be treated in a confidential manner. I am aware that any breach of confidentiality or abuse of my position may result in disciplinary action. Examples of such data or materials which require confidentiality include, but are not limited to, reports and computer terminal display information. In consideration for the privilege of using and having access to Everett School District information systems, I hereby release the Everett School District #2 from any and all claims and damages of any nature arising from my use of these systems, without limitation. Further, I have read and agree to abide by the Regulations for Acceptable Use of the Everett School District Network, which I have reviewed and understand.

\_\_\_\_\_  
Supervisor Signature Date Employee Signature Date

\_\_\_\_\_  
(2<sup>nd</sup> Location) Supervisor Signature Date *(May be used for employees with the same access at two locations)*

**SECTION F: OSPI Education Data System (EDS)**

If user requires access to OSPI Education Data System (EDS) roles (such as Attendance, CEDARS, Student Record Data Exchange), supervisor needs to email request to Karen Sullivan, KSullivan@everettsd.org or Debbie Vanderwilt, DVanderwilt@everettsd.org.

**SECTION G: Learning Management Services Department Approval**

eSchoolPLUS/Cognos: \_\_\_\_\_ Insight: \_\_\_\_\_ Gradebook: \_\_\_\_\_  
Elem. Progress Report: \_\_\_\_\_ Confidentiality Letter Database: \_\_\_\_\_

\_\_\_\_\_  
LMS Director Signature

\_\_\_\_\_  
Date

**Attach completed form in ServiceNow Request and return original form to CRC-LMS, Attn: Forms.**



PO Box 2098, Everett, WA 98213  
www.everettsd.org

## Appendix A

# Keep letter for your records.

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
(employee name)

**Regarding:** 2016-17 Annual Notification - Disclosure of Student Free and Reduced Meal Status Information

Since you have access to student meal status through one of the Everett Public Schools reporting tools (e.g., eSchoolPlus and/or Insight) and/or Office of the Superintendent of Public Instruction (OSPI) applications, we would like to take this opportunity to inform and remind you of the CONFIDENTIAL nature of student meal status under OSPI Memorandum No. 062-o8M – Child Nutrition Services.

The Everett Public Schools Food & Nutrition Services Department and you acknowledge and understand that children's free and reduced-price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et seq.) or Child Nutrition Act of 1966 (42 USC 1771 et seq.) and the regulations implementing those Acts is CONFIDENTIAL INFORMATION. This agreement is intended to ensure that any information disclosed by you about children eligible for free and reduced-price meals or free milk will be used only for the purposes of developing and implementing school improvement plans. You should be aware that this law states that unauthorized disclosures of this information will result in penalties of imprisonment of not more than 1 year or not more than \$1,000 or both and could result in disciplinary action.

Please take extra care in maintaining and protecting students' and parents' rights of confidentiality. All printed lists/documents will be shredded when your work is complete. Until shredding occurs, printed lists/documents will be kept locked in a file cabinet or drawer.

Please do not hesitate to contact Joanna Peeler, Manager, Food & Nutrition Services at x4380 should you have any further questions.

Sincerely,

Debbie Kovacs  
Executive Director  
Human Resources  
dkovacs@everettsd.org  
(425) 385-4101

cc: Joanna Peeler