

☐ New ☐ Change
☐ Temporary Access

User Access Request Form

(For Office Staff/Administrators/Facilitators)

- **Gradebook**
- **eSchoolPLUS/Cognos**
- **Insight**
- **DocuShare**

Download the form first to complete and sign electronically. Please fill-in all the sections on this form and get all required signatures before submitting in [Help Desk Web](#).

LAST NAME: _____ FIRST NAME: _____

SCHOOL/DEPARTMENT: _____ CRC Staff: ☐ Yes ☐ No

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: Gradebook

Access Form not required for classroom teachers.

Gradebook Access

☐ Yes ☐ No

☐ Building Administrator ☐ Student Access for building

Attendance (secondary schools only):

☐ Common Asmt. Manager

☐ View ☐ Edit

(LMS Director will provide upon training)

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"/> CRC Dept* _____ |
| <input type="checkbox"/> Building Administrator* | <input type="checkbox"/> Transcript Secretary | <input type="checkbox"/> ELA/Math Coach* | <input type="checkbox"/> OT/PT/SLP |
| <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"/> Success Coordinator* | (provide responsibilities in section B-4) |
| <input type="checkbox"/> 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: Canvas – Edit access

Edit access in Canvas will need permission from their department head and LMS will provide access upon training.

List the Canvas course name: _____

Please initial the following statement where applicable.

____ (Supervisor Initials)

I authorize this person to make changes in our Canvas page.

SECTION F: To be read and completed by SUPERVISOR and EMPLOYEE

Sections A, B, C, D and/or E 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_____
(2nd Location) Supervisor Signature_____
Date

(May be used for employees with the same access at two locations)

SECTION G: 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 Darlene Vonogas, DVonogas@everettsd.org.

Attach completed form in Help Desk Web > [Systems/Software/Online Tools Help](#).

SECTION H: Learning Management Services Department Approval_____
LMS Director Signature_____
Date



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

Appendix A

Keep letter for your records.

Date: _____

TO: _____
(employee name)

Regarding: 2021-22 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. 062-08M – 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 Plan (SIP).** 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,

Chad Golden
Executive Director
Human Resources
CGolden@everettsd.org
(425) 385-4103

cc: Joanna Peeler