EVERETT PUBLIC SCHOOLS
Learning Management Services
LMS

Student Teacher
User Access Request Form

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.

SCHOOL NAME: _____

STUDENT TEACHER INFORMATION

LAST NAME: _____ FIRST NAME: _____

DISTRICT USERNAME: _____ CONTACT PHONE #: _____

START DATE: _____ END DATE: _____

MASTER TEACHER INFORMATION

MASTER TEACHER NAME: _____ CONTACT PHONE #: _____

MASTER TEACHER EMPLOYEE ID: _____

Access to these systems will only be granted with the consent of the master teacher. The master teacher is responsible for training the student teacher on how to use the applications listed below.

SECTION A: Instructional Products – Add a check mark to requested products.

- ☐ **Teacher Access Center and Gradebook**
- ☐ **Canvas Portals**
- ☐ **GoGuardian** (Middle School only)
- ☐ **Class Policy** (High School only)

SECTION B: To be read and completed by MASTER TEACHER, ADMINISTRATOR and STUDENT TEACHER. Sections A to be completed before administrator 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.

_____ _____ _____ _____
Student Teacher Signature Date Master Teacher Signature Date

_____ _____ _____
Administrator Signature Date Administrator Name

Attach completed form in Help Desk Web > Systems/Software/Online Tools Help.

SECTION D: Learning Management Services Department Approval

_____ _____
LMS Director Signature Date