

Request for DIBELS School/Local District Access

Los Angeles Unified School District
DIBELS

Identification (to be completed by the user)

Request Date: _____/_____/_____

Please print all information clearly. All fields are required unless marked 'optional'. Incomplete forms may be returned, which will delay granting access.

- Name (First) _____ (MI) _____ (Last) _____
- LAUSD Employee # _____ Title (e.g. "Coach," "Coordinator") _____
- LAUSD email: _____@lausd. _____ (Only LAUSD email addresses accepted.)
- School/Office Name _____ Phone # (_____) _____ - _____
- Host School Location Code(s) _____ Local District _____
- **Submission / Agreement (to be agreed to and signed by user)**

By logging in to the mclass DIBELS website, I understand that I will have access to individual student achievement results and classroom/ school level achievement results and agree that:

- I understand the information available within this system must be protected according to the requirements of LAUSD Bulletin 1077, "Information Protection Policy," and State and Federal laws regarding the protection of the privacy of student and personal information.
- I will not discuss with non-authorized personnel any information regarding these records.
- I will not allow any of these records to be viewed by non-authorized personnel.
- I understand that I will be the only one authorized to use my LAUSD User Name and Password.
- I will follow all requirements of the LAUSD "Acceptable Use Policy" (Bulletin 999) found at <http://www.lausd.net> (Link to the "AUP" is at the bottom right corner of screen).

Violations of the above agreement above may result in disciplinary action as specified in District Bulletins 999 and 1077. Violations of the agreement may also be violations of state and/or federal law and carry legal liability and/or penalties.

Agreed/Signed: _____ Date: _____/_____/_____

Administrator Approval of Site/Local District mclass® DIBELS Data Access Request

Please fill in ALL sections

Requests for school-wide access must be approved by the Principal or designee; local district requests by the Superintendent or designee. Then forward the approved form via School Mail to Periodic Assessment Unit, Beaudry Building, 16th Floor - or - Fax it to (213) 241-8969.

- **Effective Date:** _____/_____/_____ **End Date (optional):** _____/_____/_____
- **User Role:** (Select one or more user roles)
 Local District Administrator _____ Site Administrator _____
 Coach-level access at one school site _____ Site Name _____ Loc Code _____
 Coach-level access at an additional school site _____ Site Name _____ Loc Code _____
- **Print Site/Local District Administrator's NAME** _____ **TITLE** _____
- **Site/Local District Administrator's email address:** _____@lausd. _____

Site/Local District Administrator's Signature: _____ **Date:** _____/_____/_____

DIBELS Unit / ITD Use Only

USERNAME	USER ROLE(S) ASSIGNED	GROUP(S) ASSIGNED	USER ACCOUNT	ACCOUNT STATUS / DATE
			Reactivate / Deactivate	Active _____ Inactive _____

Special Instructions _____

() Approved () Disapproved - Reason _____

PA Unit _____ Date _____ | _____ | ITD Security _____ Date _____ | _____ |