

## VARIANCES TO STANDARDS APPLICATION

### Initial Application (two years)

**Purpose:** [ARM 10.55.604\(1\)](#) “A local board of trustees may apply to the Board of Public Education through the Superintendent of Public Instruction to implement a variance to a standard or a section of standards, excluding standards stating statutory criteria, standards pertaining to educator licensure or endorsement, and content standards as defined by the Board of Public Education and provided in guidance from the Superintendent of Public Instruction.”

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**DUE DATES (check one)**

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**COUNTY:**

**DISTRICT:**

**LIST EACH SCHOOL THAT IS REQUESTING THE VARIANCE:**

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1. Standard(s) for which a variance is requested, e.g., 10.55.709. If there is a program delivery standard, be sure to list it as well, e.g., 10.55.1801.

- 3. Provide evidence that local school stakeholders were involved in the consideration and development of the proposed variance. School stakeholder groups include trustees, administrators, teachers and classified school staff.**

4. **Attach Board of Trustee meeting minutes that show the Board of Trustees adopted the application for a variance at an official, properly noticed meeting.**
5. **Describe the variance requested.**
6. **Provide a statement of the mission and goals of this proposed variance.**

- 7. List specific measurable objectives that demonstrate the proposed variance will meet or exceed the results under the current standard(s).**

- 8. What data or evidence will be gathered to document progress toward meeting the measurable objectives?**

**9. Describe how and why the proposed variance would be:**

**a. Workable.**

**b. Educationally sound.**

- c. **Where applicable, aligned with program standards under ARM 10.55.1101 through 10.55.2101.**

- d. **Where applicable, aligned with content standards under ARM Chapters 53 and 54.**

**Required school district signatures:**

Board Chair Name: \_\_\_\_\_

Board Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the signed form to:**

**Accreditation and Educator Preparation Division  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501**

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**OPI USE ONLY**

Superintendent of Public Instruction: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Deny

Board of Public Education Chair \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Deny