



## VARIANCES TO STANDARDS APPLICATION

### Renewal Application (three years)

Purpose: [ARM 10.55.604\(4\)](#) "Following the second year of implementation of a variance to standards, the school district shall provide evidence to the Superintendent of Public Instruction that the methods selected by the district implement, meet, or exceed results that could have been achieved under established standards."

---

**DUE DATE:**

**Second Monday in October**

---

**COUNTY:**

**DISTRICT:**

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

---

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.
2. Attach Board of Trustee meeting minutes that show the Board of Trustees adopted the application for a variance at an official, properly noticed meeting that provides evidence that local school community stakeholders were involved in the consideration and development of the proposed variance to an assurance standard or a section of assurance standards.  
*(Stakeholder groups include trustees, administrators, teachers, classified school staff, families, community members, and students as applicable.)*



**3. Describe the renewal variance requested.**

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

**a. Workable.**



**b. Educationally sound.**

**c. Designed to meet or exceed results under established standards.**



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

**5. Reflection upon initial variance:**

- a. Describe the specific measurable objectives that were listed in the initial variance application that demonstrated how the proposed variance was to meet or exceed the results under the current standard(s).**



- b. Provide a summary of the evidence or data gathered to demonstrate that the initial variance meets or exceeds results that could have been achieved under the established standard.**

- c. After reflection on the initial variance, describe any adjustments that need to be made to meet the specific needs of the students in the school(s).**



**Required school district signatures:**

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

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

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

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

**Email the signed form to:**

[OPIAccred@mt.gov](mailto:OPIAccred@mt.gov)