

**INDIANA COUNCIL OF PRESCHOOL COOPERATIVES**  
**STANDARDS VARIANCE REQUEST FORM**

Name of School \_\_\_\_\_

Your name and position \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_

State the Standard for which the variance is being requested \_\_\_\_\_

Total number of families enrolled \_\_\_\_\_ Total number of children enrolled \_\_\_\_\_

Class requiring variance \_\_\_\_\_

Number of children in class \_\_\_\_\_

List birth dates (month and year) and gender of children \_\_\_\_\_

What is the current adult/child ratio? (Please refer to Standards Section H, Educational Program #3, class size chart) \_\_\_\_\_

How many rooms do the children use? \_\_\_\_\_

Total square footage of room(s) \_\_\_\_\_

Teacher's name and phone number \_\_\_\_\_

Years teacher at school \_\_\_\_\_ For this age group \_\_\_\_\_

Is this a continuing variance? \_\_\_\_\_

Give complete description of variance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain reasons for requesting variance. Include how it is educationally sound, or does not hinder the educational experience of the other children. Depending on the variance request, research might be indicated here, e.g., educators contacted, reading. Use other side as necessary.

\_\_\_\_\_

\_\_\_\_\_

Teacher's comments on child or variance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_