

# VARIANCE REQUEST FORM

**Date:** \_\_\_\_\_  
**District:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Program:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Class:** \_\_\_\_\_

**Staffing Ratio:**     15:1     Self-Contained  
                            12:1 (In NYC)     Departmentalized-Subject areas:  
                            12:1:1  
                            8:1:1  
                            6:1:1  
                            12:1:4    Other (Specify) \_\_\_\_\_

**I. Type of Variance Requested**  
 Special Class: \_\_\_\_\_ Class Size \_\_\_\_\_ Age Range \_\_\_\_\_

**II. Information on student for whom variance is requested**  
 A. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Disability: \_\_\_\_\_

I.Q. Range		Academic Function Level	Physical Needs	Reason Variance Requested for Student
Above Average	Average	Below Average		
		Mild	Moderate	Severe
		Profound	Reading	Math

Social Skills and Development: \_\_\_\_\_  
 Management Needs: \_\_\_\_\_  
 A. \_\_\_\_\_

**III. Current Class Information (Do not include data pertaining to student for whom the variance is requested.):**

I.Q. Range of Class (# of Students)		# of Students on Register	Age Range		Academic Grade Levels		Class Physical Development Level
Above Average	Average	Below Average	Mild	Moderate	Severe	Profound	
			From	To	From	To	

Class Social Skills and Development: \_\_\_\_\_  
 Class Management Strategies: \_\_\_\_\_

**IV. Rationale for Grouping (Attach Class Profile Sheet):** \_\_\_\_\_

**Signatures:**  
 Placement Officer \_\_\_\_\_ Approved \_\_\_\_\_  
 Chairperson \_\_\_\_\_ Superintendent \_\_\_\_\_