BOY SCOUTS OF AMERICA

INDIVIDUAL SCOUT ADVANCEMENT PLAN

The approval of alternative requirements or merit badges should be discussed with the Scout, parent or guardian, and unit leader. An agreement is reached and forwarded to the council advancement committee for approval *before* starting to work on the specific task. The ISAP is the basic plan that can be used for all Scouts to document proposed and approved alternative advancement requirements. The ISAP is modified by addendum. Additional information can be found in the *Guide to Advancement,* section 10.

INDIVIDUAL SCOUT ADVANCEMENT PLAN for:

Scout's name _____ Date of birth _____
Unit No. _____ District _____
Council _____

Statement of Belief: Though it is true every Scout must have the overall ability to fulfill BSA advancement requirements as written, members with a documented disability deserve the opportunity to utilize their remaining abilities to fulfill alternative requirements that represent the same challenge and essential outcome as those written. The only limitations for members with sufficient abilities to achieve approved alternative requirements should be their individual desire, focus, and perseverance.

Objective: Scouting literature provides the requirements, policies and procedures, and related supporting content. It cannot address each individual Scout's abilities, but it can help those involved to reach an understanding as to how certain goals can be met. The ISAP is a road map that the Scout, his parent or guardian, mentors, and other leaders can reference and update as necessary.

Methodology: Within reasonable guidelines, the ISAP will provide Scouts with the opportunity to achieve their personal goals and, through creative thinking and action, remove unnecessary barriers that may impede their advancement. This is done so as not to lessen the relative challenges of the Scouting experience and the primary goal of personal growth.

Expectations of performance: Youth are expected to do their best.

I, _____ (Scout's name), promise that on my honor, I will do my best in working toward my personal advancement goals.

I am a (check one): ☐ Cub Scout ☐ Boy Scout ☐ Varsity Scout ☐ Venturer ☐ Sea Scout

Signed _____ Date _____

I, _____ (leader's name), _____ (title), promise to do my best to deliver upon the Statement of Belief, Objective, and Methodology expressed above.

Signed _____ Date _____

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ADDENDUM TO INDIVIDUAL SCOUT ADVANCEMENT PLAN for:

Scout's name _____ Date of birth _____
Unit No. _____ District _____
Council _____

Addendums are required if it is determined that a Scout has specific behavioral, cognitive, or physical attributes that are of a permanent nature and, for reasons beyond the Scout's control, may create an impediment to individual advancement. Requirements, as written, may be redefined to maintain the challenge but provide an alternative path toward achievement. This addendum may be amended in the future by mutual consent.

INSTRUCTIONS:

1. Behavioral, cognitive, or physical disabilities of a permanent nature permit the approved substitution of alternative requirements for advancement.

2. Any limitations leading to alternative requirements should be supported by a qualified health professional's certification, based upon a severe or permanent condition.

3. The Scout shall attempt to complete, to the extent possible, the current requirements before modifications are sought, and any alternative requirements shall provide a similar challenge as those stated.

4. Modifications and alternative requirements must receive prior approval by the council advancement committee. The council committee should record and deliver its decision to the Scout, his parent or guardian, and unit leader.

5. Alternative requirements involving physical activity shall have a physician's approval.

6. The unit leader and, if appropriate, any board of review must explain to the Scout that he is expected to do his best up to the limits of his resources.

Further reference: *Guide to Advancement,* section 10.0.0.0

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ADDENDUM TO INDIVIDUAL SCOUT ADVANCEMENT PLAN for:

Scout's name _____ Date of birth _____

THE STANDARD REQUIREMENT (State the rank and the requirement number.)

_____

_____

MODIFICATIONS AND ALTERNATIVE REQUIREMENT (Describe in detail the modified alternative requirement.) (Print a separate copy of this sheet for each requirement to be modified.)

_____

_____

_____

_____

NARRATIVE SUMMARY (Explain why this Scout's circumstances make him unable to complete the requirement as written.)

_____

_____

_____

_____

HEALTHPROFESSIONAL STATEMENT:
As a result of a thorough examination of _____ on ____/____/____, I find that the member has a permanent behavioral, cognitive, or physical disability that is accurately described above, and that will inhibit the member from completing the requirement as it is written. However, I find that the member can safely complete the modified requirement as stated above.

Signed _____ (licensed health professional)
Office address _____
Office telephone No. _____

Attach additional documents if applicable.

(Annual BSA Health Medical Record Form, Parts A and C)

ADDENDUM TO INDIVIDUAL SCOUT ADVANCEMENT PLAN for:

Scout's name _____ Date of birth _____

EDUCATIONAL STATEMENT (if needed):
As a result of a thorough educational assessment of _____ on ____/____/____, I find that the member has a permanent behavioral, cognitive, or physical disability that is accurately described above, and that will inhibit the member from completing the requirement as it is written. However, I find that the member can safely complete the modified requirement as stated above.

Signed _____ (certified educational administrator)
Office address _____
Office telephone No. _____

Attach additional supporting documents if applicable
(e.g., Individualized Education Plan)

PARENTAL STATEMENT: In view of my child's expressed desire to advance in Scouting, his personal commitment to strive for the best possible outcome, and the leaders' commitment to provide encouragement, I agree to the requirements as modified above. If any further modification is warranted, I understand that such action can be negotiated.

Signed _____ Date _____

APPROVAL OF THE COUNCIL ADVANCEMENT COMMITTEE

The council advancement committee approves the above modifications for advancement because of the Scout's permanent behavioral, cognitive, or physical disabilities.

Signed _____ Title _____ Date _____
(Date)

Notification sent to the youth member, parent or guardian, and Scout leader on ____/____/____.