INDIVIDUAL SCOUT ACHIEVEMENT PLAN

Why an “Individualized Scouting Advancement Plan”? (ISAP)

Each Scout is different, and brings their individual gifts and challenges to the unit. Each will follow a different path in life. Regardless of their personal physical, mental, or emotional attributes each will give to and take something from Scouting. We can only hope to positively effect those contributions.

An ISAP can be a natural follow up to the all-important entry meeting with the youth and family where the leader has an opportunity to meet and learn about the future Scout and explain how Scouting can be part of the youth’s life.

The Scouting handbooks and policies cannot address each individual. They merely set guidelines. So, it is often useful to reach an understanding as to how certain goals can be met. The ISAP forms a “contract” or roadmap, which the Scout, his parents and mentors, or other leaders can reference or, if necessary, update.

Particularly in the case of a Scout with disAbilities, an ISAP helps form the support for District and Council staff who do not know the particular Scout except by the record of accomplishments.

We hope that this form will be of use to you and we are interested in any comments or suggestions that you may have.

INDIVIDUAL SCOUT ACHIEVEMENT PLAN

The approval of alternate requirements should be discussed with the Scout, parents, and Scout Leader. An agreement is reached and forwarded for council advancement committee approval BEFORE starting to work on the requirement. This is a sample of an "agreement" that can be reached and then forwarded for approval. This is an individualized achievement plan that is non-threatening and non-judgmental. It begins as a basic "contract" which can be used for all Scouts, and is modified by addendum. The idea is that every Scout sees the "contract" as personal so that no segment is singled out.

INDIVIDUAL SCOUT ACHIEVEMENT PLAN AND CONTRACT for:

Scout Name _____ Date of Birth _____
Troop/Team/Crew/Ship _____ District _____
Council _____

Statement of Belief: Every boy in Scouting is a candidate for the Eagle Award. The only limitations upon achievement of that award should be that boy's individual desire, focus, and perseverance.

Objective: To provide a safe haven for personal growth free from adversity such as hazing, disrespectful or threatening behaviors by others, but filled with opportunities and challenges.

Methodology: To encourage, and within reasonable guidelines provide, each boy with the opportunity and avenues to achieve his personal goals and chosen level of success. To remove unreasonable and unnecessary barriers, through creative thinking and actions, which may impede a boy in achieving his personal goals. At the same time the plan will not lessen the relative challenges of the Scouting experience to achieve actual personal growth. Addendums to the Contract may be made to define requirements.

Expectations of Performance: Each boy is expected to do his best.

CONTRACT:
I, _____, Scoutmaster/Coach/Skipper/Advisor/, promise to do my best to deliver upon the Statement of Belief, Objective, and Methodology expressed above.

_____(signature) _____ (date)

I, _____, Boy Scout, and Eagle Award candidate, promise that on my honor I will do my best in working towards my personal goals.

_____(signature) _____ (date)

ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT PLAN for:

Scout Name _____ Date of Birth _____
Troop/Team/Crew/Ship _____ District _____
Council _____

Addendums are required if it is determined that a Boy Scout has specific health, mental or physical attributes which are of a permanent nature and, for reasons beyond his control, may create an impediment towards achievement of the Eagle Award. The safety of each Scout is part of this consideration. Requirements may be redefined to maintain the challenge but provide an alternative path towards achievement. This Addendum may be amended, in the future, by mutual consent.

INSTRUCTIONS:

1. Physical or mental disAbilities of a permanent, not temporary, nature allow the development of alternative requirements for advancement and achievement.

2. Any limitations leading to alternative requirements should be supported by a physician's statement, or certification by an educational administrator, based upon a permanent condition.

3. The Scout shall attempt to complete, to the extent possible, the regular requirements before modifications are sought, and any alternative requirements shall be as demanding of effort by the Scout as the regular requirements.

4. Modifications and alternative requirements must receive prior approval by the Council's Advancement Committee. This Committee should record and deliver its decision to the Scout and the Scout leader.

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

6. The unit leader and 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: Advancement for Youth Members with Special Needs, Advancement Committee Policies and Procedures, BSA No. 33088 (current revision).

ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT PLAN for:

Scout Name _____ Date of Birth _____

THE STANDARD REQUIREMENT (State the ranks and the requirement number)

_____

_____

MODIFICATIONS AND ALTERNATIVE REQUIREMENT(S) (Describe in detail the modified alternative requirement)

_____

_____

_____

_____

NARRATIVE SUMMARY (Why this Scout's circumstances make him unable to complete, in the way normally described, the "standard" requirements)

_____

_____

_____

_____

MEDICAL STATEMENT:
As a result of a thorough examination of _____ on ____/____/____ I find that he has a permanent mental or physical disability, which is accurately described above, and which will inhibit him from completing the requirements as generally stated. However, I find that he can safely complete the requirements as stated as modified above.

Signed _____ (Physician licensed to practice medicine)
Physician's Office Address: _____
Physician's Office Telephone Number: _____

Attach additional documents if applicable.
(Use BSA Class 1 + Class 2 Medical Form)

ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT PLAN for:

Scout Name _____ Date of Birth _____

EDUCATIONAL STATEMENT: (if needed)
As a result of a thorough educational assessment of _____ on ____/____/____ I find that he has a permanent mental or physical disability, which is accurately described above, and which will inhibit him from completing the requirements as generally stated. However, I find that he can safely complete the requirements as stated as modified above.

Signed _____ (Certificated Educational Administrator)
Educator's Office Address: _____
Educator's Office Telephone Number: _____

Attach additional documents if applicable, e.g. Individualized Education Plan:

ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT PLAN for:

Scout Name _____ Date of Birth _____

SCOUT'S STATEMENT: I, _____, Boy Scout, and Eagle Award candidate, promise that on my honor I will do my best in working towards my personal goals. The above requirements are meant to strengthen me so that I can improve my abilities. I will do my best in completing them as written or as modified.

_____(signature) _____ (date)

PARENTAL STATEMENT: In view of my son's expressed desire to advance in Scouting, his personal commitment to do his best, and the Scout leaders' commitment to encourage him along that pathway consistent with his abilities, I agree to the requirements as written or modified. If any further modification is deemed warranted, I understand that such can be negotiated.

_____(signature) _____ (date)

SCOUT LEADER'S STATEMENT: I agree with, and support, _____ desire to progress in the paths of Scouting. Any program modifications agreed to are viewed as challenging as those expected of any other Scout. My objective will be to provide opportunities for success consistent with health and safety considerations.

_____(signature) _____ (date)

APPROVAL OF THE COUNCIL COMMITTEE

The Council Advancement Committee approves the above modifications for advancement because of the Scout's permanent physical or mental disabilities.

_____(signature) _____ (date)

Notification sent to the Scout/Parents and Scout Leader on _____(date)