Winnebago Council, BSA

Understanding Alternative Requirements for Scouts with Special Needs

(ISAP) Individual Scout Advancement Plan
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.
BSA Policy: Clause 19

Youth members with permanent developmental, mental, or physical disabilities may be registered with units outside the normal age range.

In other words a Cub Scout may be older than 11 years of age and a Boy Scout can be older than 18 years of age. (There is no age limit)

General Disclaimer: This document only describes the general policy and conditions for alternative requirements as outlined by the BSA. For more information please see the BSA guide on Special Needs Scouting.
Inclusion Committee


**Alternate Requirements for Special Needs Scouts**

**CUB SCOUTS**

Cub Scouts: The Cubmaster and or pack committee may make suitable substitutes for electives which are outside the capabilities of the Cub Scout when determining his advancement.

The Cubmaster should include the parents and other relevant individuals such as teachers or physicians, (only with the parents permission or direction) who can help the pack with any modifications to help the scout succeed.

The Scout may require regular monitoring and modifications to his program to assure his success.

**The Only Standard should be “HAS HE DONE HIS BEST?”**
Boy Scouts

A Scout who is unable to complete any of the requirements for Tenderfoot, Second Class, or First Class rank because he has a physical, mental or developmental disability may complete alternative requirements with the following criteria.

1. The physical, mental or developmental disability must be of a permanent nature and the scout must be registered with the council as a special needs scout.
2. The Scout is required to have a written diagnosis (Medical Statement) from a licensed physician or an evaluation completed by an educational administrator.
3. The Scout must complete as many of the regular requirements as his ability permits before applying for alternate requirements.
4. The Scout, his parents, or leaders must submit to the council’s advancement committee, a written request that the Scout be allowed to complete alternative requirement along with the proposed alternative in sufficient detail so as to allow the advancement committee to make their decision.
Alternative Requirements Continued....

5. The alternative must be of such a nature that it is similar to or as demanding of the Scout’s effort and talents as the original requirement.
6. The candidate is expected to do his best utilizing his resources and talents.
7. Alternative requirements may require a physician’s written approval if the requirement involves strenuous physical activity.

(Special Note: The substitution of "trip" for "hike" in the footnote to Second Class requirement (1b) does Not require the procedure listed above. That substitution may be permitted by the unit leaders based on their understanding of the Scout's physical condition.)
EAGLE AWARD
The candidate must earn as many of the required merit badges as his ability permits before applying for an alternate Eagle Scout merit badge.

The unit leader and the board of review must explain that to attain the Eagle Scout rank a candidate is expected to do his best in developing himself to the limit of his resources.

The application must be approved by the council committee responsible for advancement, utilizing the expertise of professional persons involved in Scouting for the disabled.

The candidate's application for Eagle must be made on the Eagle Scout Rank Application, with the Application for Alternate Eagle Scout Award Merit Badges attached.
C. Application for Alternate Eagle Scout Rank

Merit Badges, No. 58-730

APPLICATION FOR ALTERNATE EAGLE SCOUT RANK MERIT BADGES

To: The District Advancement Committee

District

Council

Gentlemen:

We are submitting this application in behalf of _____________________________

(Name of candidate) of Unit No. _____________________________

Chartered to _____________________________ and located in _____________________________

Because of the disability (see the medical or administrative statement below), we believe that he is physically or mentally unable to complete the requirements for the following merit badge or badges required for the Eagle Scout rank:


Because of his excellent performance, perseverance, and Scouting spirit, and following a personal conference with him and his family, we recommend that the following alternate merit badge or badges be assigned to him, feeling that they will be equally challenging and useful, but within his capability:

Date _____________________________

Signed _____________________________

Signed _____________________________

Parent Statement

In view of the medical or administrative statement below, and following a conference with _____________________________, Scouting leaders, we approve the alternate method of application for Eagle Scout rank merit badges and the merit badges recommended as alternates.

Date _____________________________

Signed _____________________________

Medical or Administrative Statement

As a result of a thorough examination or testing of _____________________________ (Name of candidate) on _____________________________, I find that he has a physical or mental disability that would prevent him from completing the requirements for the merit badge or badges as shown above.

REASONS FOR INABILITY:

Date _____________________________

Signed _____________________________

D. Sample Application for Approval of Modification of Requirements

To: The District Advancement Committee

District _____________________________ Council _____________________________

We are submitting this application on behalf of _____________________________ of (unit)

Chartered to _____________________________

Located in _____________________________

For modification of the requirements for the _____ Tenderfoot, _____ Second Class, _____ First Class rank.

This is required due to his physical or mental disability; he is unable to complete the specified requirements for the rank indicated. After conferring with him and his family, we would like to adopt the following requirements:

Date _____________________________

Signed _____________________________

Signed _____________________________

Parent Statement:

In view of the medical or administrative statement below, and following a conference with _____________________________, Scouting leaders, we approve this application for adapted requirements for the rank(s) specified above, and the recommended adapted requirements.

Date _____________________________

Signed _____________________________

Put “T” for Tenderfoot, “S” for Second Class, and “F” for First Class for each requirement needing adaptation. Enter in same order as above.

Signed _____________________________, Unit Leader

Signed _____________________________, Unit Committee Chair

Parent’s Statement:

In view of the medical or administrative statement below, and following a conference with _____________________________, Scouting leaders, we approve this application for adapted requirements for the rank(s) specified above, and the recommended adapted requirements.

Date _____________________________

Signed _____________________________

Parent or Guardian
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.
E. Individual Scout Advancement Plan SAMPLE

(This sample form should ONLY BE USED if it has been approved by your council for use with Scouts with disabilities. The council may have its own form for approval.)

Contract and Addendums

- ISAP—A written plan developed by the Scout, his parents, and his Scout leader with the approval of the professional providing the documentation of the Scout's disabilities. This plan provides a list of each rank advancement being modified, replaced, or eliminated. Changes or substitutions to the rank are explained.

This letter (the sample form below) needs to be approved by the district and council advancement committees before the Scout begins working on the modified requirements.

This ISAP is designed:
- to be a non-threatening, non-judgmental, individual advancement plan.
- to be a basic "contract" which can be used for all Scouts, and is modified by addendum.
- so every Scout sees the "contract" as personal so no segment is singled out.

- Addendums are required if it is determined that a Boy Scout has specific, permanent disabilities which create an impediment toward rank achievement and advancement.
  - The safety of each Scout is part of this consideration.
  - Requirements 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.

INDIVIDUAL SCOUT ADVANCEMENT PLAN AND CONTRACT (SAMPLE)

Scout Name ________________ Date of Birth ________________

Troop/Team/Crew/Ship ________________ District ________________

Council ________________

Statement of Belief: Every boy in Scouting is a candidate for the Eagle Scout 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 Scout with the opportunity and avenue 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 Scout in achieving his personal goals.

At the same time the Scouting experience will not lessen the challenges necessary to actual personal growth. Addendums to the contract may be made to define requirements.

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

CONTRACT:

I, ___________________________, Scoutmaster, 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 toward my personal goals.

_________________________________ (signature) ________________ (date)

INDIVIDUAL SCOUT ADVANCEMENT PLAN AND CONTRACT—Addendums

- Disabilities of a permanent, not temporary, nature allow the development of alternative requirements.
- Alternative requirements shall be supported by a physician's statement, or certification by an educational administrator.

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 modified below.

_________________________________ (signature) ________________ (date)

(Physician licensed to practice medicine)

Physician's Office Address: ____________________________

Physician's Office Telephone Number: ____________________________

Attach additional documents if applicable.

ADDITION TO INDIVIDUAL SCOUT ADVANCEMENT PLAN

Scout Name ____________________________ Date of Birth ________________

SCOUT'S STATEMENT:

I, ____________________________, Boy Scout, and Eagle Scout Award candidate, promise that on my honor I will do my best in working toward my personal goals. The following 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, the desire of ________________ to progress in the paths of Scouting. Any program modifications agreed to are viewed to be 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)
• The Scout shall attempt to complete the regular requirements before modifications are sought.
• Alternative requirements shall be as demanding of effort by the Scout as the regular requirements.
• Modifications and alternative requirements must receive PRIOR approval by the council advancement committee.
• Alternate requirements involving physical activity shall have a physician’s approval.
• The unit leader and any board of review must explain to the Scout that he is expected to do his best based on his abilities.

What About Merit Badges?
• Eagle Scout—required required merit badges that the Scout is unable to physically or mentally complete.
• Alternative merit badge(s) must be “as challenging” to the Scout.
• Alternative merit badge(s) identified by Scoutmaster, with help from family, professionals, and other Scouters.
• Use form No. 58-730 to document and get approval by the council advancement committee.

Alternate Merit Badges for the Eagle Scout Rank
• The Eagle Scout rank may be achieved by a Scout who has a disability by qualifying for alternate merit badges. Merit badges are awarded only when all requirements are met as stated.
• A clear and concise statement concerning the Scout’s disabilities must be made by a licensed physician, or an educational administrator.
• Earn as many of the required merit badges as you can BEFORE applying for an alternate Eagle Scout rank merit badge.
• Complete as many of the requirements of the required merit badges as you can.
• Complete the Application for Alternate Eagle Scout Award Merit Badges BEFORE qualifying for alternate merit badges.
• Choose alternates that are as demanding of effort as the required merit badges.
• When alternates chosen involve physical activity, they must be approved by a physician.
• The unit leader and the board of review must explain that to attain the Eagle Scout rank, a candidate is expected to do his best in developing himself to the limit of his resources.
• The application must be approved by the council committee responsible for advancement, utilizing the expertise of professional people involved in Scouting for people with special needs.
• The candidate’s application for Eagle Scout must be made on the Eagle Scout Rank Application, with the following attached:
  —Possible Alternatives for Required Merit Badges
  —Application for Alternate Eagle Scout Rank Merit Badges, No. 58-730

ADDENDUM TO INDIVIDUAL SCOUT ADVANCEMENT PLAN

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)