

## **Advancing in Scouting with Special Needs - A Guide for Parents**

Advancing in Scouting is a collaborative journey. We ask that parents work closely with the Scoutmaster to monitor progress and document where standard requirements may need adjustment. Per Scouting America guidelines, Scouts should exhaust all efforts to complete the standard requirements first, ensuring that any proposed alternatives maintain the spirit and "learning by doing" nature of the rank.

### **Next Steps for Parents**

1. **Meet with the Scoutmaster:** Discuss your Scout's specific strengths and where they may struggle with standard rank requirements.
2. **Document Effort:** Keep a log of the Scout's attempts to complete the standard requirements for Second Class or First Class.
3. **Review the ISAP:** You can find the [Individual Scout Advancement Plan \(Form 512-936\)](#) at the end of this guide.

### **Bay Area Council Contact Information**

If you have questions about the advancement process or filing for alternates, please reach out to our council leadership:

- **Council Advancement Chair**  
Chris Childress - [marv.childress@gmail.com](mailto:marv.childress@gmail.com)
- **Scout Service Center**
  - **Phone:** 409-744-5206
  - **Website:** [bacbsa.org](http://bacbsa.org)

# SCOUT RANKS - Alternative Requirements

A Scout with a permanent physical or mental disability or a disability expected to last more than two years or beyond the 18th birthday and who is unable to complete all of the requirements for Scout, Tenderfoot, Second Class, or First Class rank may, with his or her parent or guardian, submit a request to the council advancement committee to complete alternative requirements.

Below are the procedures for applying for alternative requirements. To help facilitate this process, use the Individual Scout Advancement Plan, No. 512-936 found below. For more detailed information about alternative requirements, see the *Guide to Advancement*.

1. **Do as Many Existing Requirements as Possible.** Before applying for alternative requirements, as many of the existing requirements must be completed as possible.
2. **Prepare a Request for Alternative Requirements.** Once the Scout's best has been done to the limit of the Scout's abilities and resources, the unit leader or a troop committee member submits to the council advancement committee a written request for alternative requirements for Scout, Tenderfoot, Second Class, or First Class ranks. It must show what has been completed and suggest the alternatives for those requirements the Scout cannot do.
3. **Secure a Medical Statement and Provide Supporting Documents.** The request must be accompanied by supporting letters from the unit leader, a parent or guardian, and the Scout (if possible), as well as a written statement from a qualified health professional related to the nature of the disability. This may be, for example, a physician, neurologist, psychiatrist, psychologist, etc., or, when appropriate, an educational administrator in special education. Statements must describe the disability; cover the Scout's capabilities, limitations, and prognosis; and outline what requirements cannot be completed. Additional information such as Individualized Education Plans (IEP) provided to parents by schools, and various treatment summaries and reports, may help an advancement committee make an informed decision.
4. **The Advancement Committee Reviews the Request.** The advancement committee reviews the request, utilizing the expertise of professionals involved with youth who have special needs. To make a fair determination, the committee may want to interview the Scout, the Scout's parents(s) or guardian(s), and the unit leader. The committee's decision is then recorded and delivered to the Scout and unit leader.

## Individual Scout Advancement Plan (ISAP)

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:

Member'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 Scouts, their parents or guardians, 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:** Scouts are expected to do their best to the limits of their abilities and resources.

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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  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 \_\_\_\_\_

**Addendum to Individual Scout Advancement Plan for:**

Scout's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Unit No. \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Addenda 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, the Scout's parent or guardian, and the 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 every Scout is expected to do their best up to the limit of their abilities and resources.

Further reference: *Guide to Advancement*, section 10.0.0.0

**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 circumstances make this Scout unable to complete the requirement as written.

**Health Professional Statement**

As a result of a thorough examination of \_\_\_\_\_ on \_\_\_\_\_ (date), 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, B, 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 \_\_\_\_\_ (date), 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 and 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 \_\_\_\_\_

Notification sent to the youth member, parent or guardian, and Scout leader on \_\_\_\_\_ (date).