



## INDIVIDUAL SCOUT CLASSIFICATION or/and WAIVER of AGE ELIGIBILITY REQUEST

This request is for a scout that may need to be classified as a Scout with a disability and/or special needs. A Scout with such a classification may also be eligible for Waiver of Age Eligibility.

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

- Request for Classification change due to a specific behavioral, cognitive, or physical attributes.
- Request for Waiver of Age Eligibility due to specific behavioral, cognitive, or physical attributes

**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 \_\_\_\_\_



**INDIVIDUAL SCOUT CLASSIFICATION REQUEST for:**

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

Classification changes 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



**INDIVIDUAL SCOUT CLASSIFICATION REQUEST for:**

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

**NARRATIVE SUMMARY** (Explain why this Scout's circumstances make him eligible for classification with a special need or disability) (Please also state if you feel this Scout should be granted a Waiver of Age Eligibility if requested)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 B)**

**ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT 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 for Classification Change**

The council advancement committee approves the classification change for the Scout due to a permanent behavioral, cognitive, or physical disabilities.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(date)

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

**APPROVAL OF THE COUNCIL ADVANCEMENT COMMITTEE for Waiver of Age Eligibility**

The council advancement committee approves the Waiver of Age Eligibility for the Scout due to a permanent behavioral, cognitive, or physical disabilities.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(date)

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