



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 Scouting experience will not lessen the challenges necessary to actual personal growth. Addendum's 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 _____

Addendum's 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, 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 below.

Signed _____

(Physician licensed to practice medicine)

Physician's Office Address:

Physician's Office Telephone Number:

Attach additional documents if applicable.



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 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, _____ 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)