



BOY SCOUTS OF AMERICA®

BALTIMORE AREA COUNCIL

ALTERNATE RANK ADVANCEMENT REQUEST:

Scout Name _____ Date of Birth _____

Scout Unit _____ Scout Member Number _____

These request are required if it is determined that a Boy Scout permanent physical or mental disability (or a disability expected to last more than two years or beyond the 18th birthday) 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. A scout with a permanent physical or mental disabilities (or a disability expected to last more than two years or beyond the 18th birthday), who is unable to complete all the requirements for Tenderfoot, Second Class, or First Class rank may, with his parent or guardian, submit a request to the council advancement committee to complete alternative requirements..
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 advancement committee reviews the request, using the expertise of professionals involved with youth who have disabilities. To make a fair determination, the committee may want to interview the Scout, his parent(s) or guardian(s), and the unit leader.
7. 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.
8. The committee's decision is then recorded and delivered to the Scout and the unit leader.

Further reference: 10.2.2.0 Advancement for Members with Special Needs, Guide to Advancement, BSA No. 33088 (2011).

ALTERNATE RANK ADVANCEMENT REQUEST:

January 15, 2015



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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: (This is for all Alternate Advancement(s) with Physical Activities involved)

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 Part A, B, and C Medical Form)



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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:



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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)