

ADDENDUM TO INDIVIDUAL SCOUT ACHIEVEMENT PLAN for:

Scout Name: _____ **Date of Birth:** _____

Unit: Troop / Crew / Team / Ship **Number** _____

District: _____ **Council:** _____

RANK & REQ #	STRENGTHS	WEAKNESSES	RECOMMENDATION	PLAN of ACTION

NARRATIVE SUMMARY (Why the Scout's circumstances make them unable to complete, the standard requirement)

HEALTH-CARE PROFESSIONAL STATEMENT: As a result of a thorough examination of _____ on ___/___/___ I find that they have a permanent mental, neurological, or physical disability, which is accurately described above, and which will inhibit them from completing the requirements as generally stated. However, I find that they can safely complete the requirements as modified above.

Signed: _____ (Physician liscensed to practice medicine)

Address: _____

Phone #: _____

EDUCATIONAL STATEMENT: (If needed) As a result of a thorough educational assessment of _____ on ___/___/___ I find that they have a permanent mental, neurological, or physical disability, which is accurately described above, and which will inhibit them from completing the requirements as generally stated. However, I find that they can safely complete the requirements as modified above.

Signed: _____ (Certified Educational Administrator)

Address: _____

Phone #: _____

Attach additional documents if applicable: (Use Annual BSA Health Medical Record Form, Parts A,B,& C, IEP, etc.)