

Individualized Scouting Plan

Scout's Name _____ Age _____ Date of Birth _____ Plan Creation Date _____

Group Name _____ Group Scout Master _____

Section / Patrol _____ Section Leader _____

Strengths and skills the scout does well.

Diagnosis, challenges, and weaknesses the scout needs accommodations for.

Ways to support the scout. Measures that can be taken to support inclusion and appropriate participation in scouting activities.



Individualized Scouting Plan (cont.)

Scout's Name _____

Group Name _____

Date _____

Camping accommodations.

Hiking accommodations.

Behavior correction plan.

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Parents Initials _____

GSM Initials _____



Individualized Scouting Plan (cont.)

Scout's Name _____

Group Name _____

Date _____

Badge Adjustments

Section / Patrol _____

Badge Name	Original Requirements	Adjusted Requirements

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Parents Initials _____

GSM Initials _____



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