

Cub Scout Advancement Plan

Scout Name _____

Date of Birth _____

Scout's Statement:

I, _____, a Cub Scout and Arrow of Light 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 being 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 _____

Narrative Summary

(Why this Scout's circumstances make him unable to complete, in the way normally described, the "standard" requirements)

Standard Requirement

(State the rank, award, or badge and the requirement number)

Modifications and Alternative Requirements(s)

(Describe in detail the modified alternative requirement)

Attach IEP/504 Plan if available.