Individual Scout Profile (ISP)

Importance of the ISP

- Help leaders and parents connect to provide a richer and more meaningful scouting experience by promoting success.
- Promotes inclusion and acceptance for all youth and adults within the unit.
- We will keep this as private as possible and share this information on an as needed basis.
- This form is OPTIONAL and will be attached to your scouts BSA Med Form on file with the Troop.

Scouts Name / date of birth _____ Date _____

Parent(s)/Guardian _____ Best Phone number _____

How does your scout learn best? Visual _____ Verbal _____ Hands-on_____ Combo _____

Additional learning style details: _____
_____
_____

Any special diets? No _____ Yes ____ If Yes: _____

Any food to be avoided? No _____ Yes _____If Yes: _____

Any sensory challenges around Food? No _____ Yes _____ If Yes: _____

Any sensory challenges around Sound? No _____ Yes _____ If Yes: _____

Any sensory challenges around Smell? No _____ Yes _____ If Yes: _____

Any sensory challenges around Sight? No _____ Yes _____ If Yes: _____

Any sensory challenges around touch? No _____ Yes _____ If Yes: _____

Any challenges with motor skills/dexterity? No _____ Yes _____ If Yes: _____

Any communication challenges? No _____ Yes _____ If Yes: _____

Does your scout have seizures? No _____ Yes _____ If Yes: What are the triggers? _____

Does your scout wander? No _____ Yes _____ If Yes: _____

Does your scout have an IEP or 504 plan? No _____ Yes _____ If Yes: _____

Any challenges on memorizing information? No _____ Yes _____ If Yes: _____

Trouble with reading or writing? No_____ Yes _____ If Yes: _____

Difficulty with sequencing? Used in the BoR? No_____ Yes_____ If Yes: _____

Language disorders or difficult articulating words No_____ Yes _____ If Yes: _____

Any attention issues? No_____ Yes _____ If Yes: _____

Any fears or phobias No_____ Yes _____ If Yes: _____

Motion Sickness? No_____ Yes _____ If Yes: _____

Night Terrors? No_____ Yes_____ If Yes: _____

Constipation? No _____Yes_____ If Yes: _____

Bed Wetting? No _____ Yes _____ If Yes: _____

Migraines? No _____Yes: _____ If Yes: What are the triggers? _____

Other No_____ Yes: _____ If Yes: _____

(Optional) Diagnosis No _____ Yes: _____ If Yes: _____

Of the questions you answered yes to, what works best to help your Scout work through the issue? Are there specific triggers?

Your Scout will participate in a board of review as they progress through each rank in an interview setting with three adults. They will be encouraged to memorize a variety of things such as the Boy Scout Law, the Motto, the Slogan, and the Outdoor code as well as answer questions about their scouting experience. Do you foresee any difficulties or challenges for your Scout in this type of environment? Please share any information that would aid us in helping make their board of review.

Other things I would like to share about my Scout:

Please feel free to reach out with any questions that you may have.

Girl's Scoutmaster, Long Tran ltguitar@gmail.com
Boy's Scoutmaster, Randy Whitehill, rfwhitehill@gmail.com