

Alternate Requirements: Tenderfoot, Second Class, and First Class Ranks

A Scout who is unable to complete any or all of the requirements for Tenderfoot, Second Class, or First Class rank because he is physically or mentally disabled may complete alternative requirements if the following criteria are met:

1. The physical or mental disability must be of a permanent rather than a temporary nature.
2. A clear and concise medical statement concerning the Scout's disabilities must be submitted by a physician licensed to practice medicine. In the alternative, an evaluation statement certified by an educational administrator may be submitted. The medical statement must state the doctor's opinion that the Scout cannot complete the requirement(s) because of a permanent disability.
3. The Scout, his parents, or leaders must submit to the council advancement committee a written request that the Scout be allowed to complete alternate requirements for Tenderfoot, Second Class, or First Class rank. The request must explain the suggested alternate requirements in sufficient detail so as to allow the advancement committee to make a decision. The request must also include the medical statement required in paragraph two above. The written request for alternate requirements must be submitted to and approved by the local council prior to completing alternate requirements.
4. The Scout must complete as many of the regular requirements as his ability permits before applying for alternate requirements.
5. The alternate requirements must be of such a nature that they are as demanding of effort as the regular requirements.
6. When alternate requirements involve physical activity, they must be approved by the physician.
7. The unit leader and any board of review must explain that to attain Tenderfoot, Second Class, or First Class rank a candidate is expected to do his best in developing himself to the limit of his resources.
8. The written request must be approved by the council advancement committee, utilizing the expertise of professional persons involved in Scouting for disabled youth. The decision of the council advancement committee should be recorded and delivered to the Scout and his leader.



Application for Alternate Requirements: Tenderfoot, Second Class, and First Class Ranks

To: The District Advancement Committee

We are submitting this application in behalf of _____
of Troop / Team _____ Chartered to _____
in District _____

Because of the disability (see the medical or administrative statement below), we believe that he is physically or mentally unable to complete the requirements(s) listed below for the rank of (check one):

- Tenderfoot Second Class First Class

Because of his excellent performance, perseverance, and Scout spirit, and following a personal conference with him and his family, we recommend that the following alternate requirements be assigned to him, feeling that they will be equally challenging and useful, but within his capability:

Standard Requirement(s) *(if needed, use additional sheet)*

Number	Requirement

Alternate Requirement(s) *(if needed, use additional sheet)*

Number	Requirement

Signed _____ Date _____
 Unit leader

Signed _____ Date _____
 Unit committee chair

Parent Statement

In view of the medical or administrative statement (below), and following a conference with _____'s Scouting leaders, we approve the alternate requirement(s).

Signed _____ Date _____
 Parent or guardian

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Medical or Administrative Statement

As a result of a thorough examination or testing of _____ on _____, I find that he has a physical or mental disability that would prevent him from completing the requirements as shown above.

REASONS FOR INABILITY

- See attached letter
- As noted below

Signed

Date

District Action

We have reviewed the situation regarding _____. In review of the medical or administrative statement we:

- Approve
- Do Not Approve

the alternate requirements as stated above.

Signed, District Advancement Committee Chair

Date

Council Action

We have reviewed the situation regarding _____. In review of the medical or administrative statement we:

- Approve
- Do Not Approve

the alternate requirements as stated above.

Signed, Council Advancement Committee Chair

Date