



## Individual Scout Profile (ISP)

### Importance of the ISP

- \* Helps leaders and parents connect to provide a richer and more meaningful scouting experience for each youth.
- \* Allows leaders to encourage and promote success through each scout's strengths & special interests.
- \* Promotes inclusion and acceptance for all youth and adults within the unit.
- \* Assists leaders and volunteers to **Accept, Enrich, Inspire** and **Empower** scouts through any challenge they may face.

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) / Guardian \_\_\_\_\_ Siblings / Ages \_\_\_\_\_

How does your child learn best? Visual \_\_\_\_\_ Verbal \_\_\_\_\_ Hands-on \_\_\_\_\_ Combo \_\_\_\_\_

Additional learning style details: \_\_\_\_\_

\_\_\_\_\_

What are your child's special interests or hobbies? How does your child spend free time? \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Take any medications? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Any special diets? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Any foods to be avoided? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Any sensory challenges around food? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions regarding food challenges: \_\_\_\_\_

\_\_\_\_\_



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Page 2

Any sensory challenges around sound? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions regarding sound challenges: \_\_\_\_\_

Any sensory challenges around smell? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions regarding smell challenges: \_\_\_\_\_

Any sensory challenges around sight? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions regarding visual challenges: \_\_\_\_\_

Any sensory challenges around touch? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions regarding touch challenges: \_\_\_\_\_

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

Suggestions around dexterity challenges: \_\_\_\_\_

Any communication challenges? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Suggestions around communication: \_\_\_\_\_

What makes your child upset? Emotional or sensory triggers: \_\_\_\_\_

How does your child self-regulate when excited or feeling distressed? \_\_\_\_\_



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Page 3

What does it look like if your child is overcome by sensory issues? Shutdown \_\_\_\_\_ Meltdown \_\_\_\_\_ None \_\_\_\_\_

How does your child best recover from a shutdown or meltdown? \_\_\_\_\_

Any calming tools used (fidget, weighted blanket, etc.)? \_\_\_\_\_

Does your child know any self-calming techniques (dots and squeezies, etc.)? \_\_\_\_\_

Does your child eat non-food objects or have pica? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Does your child have a history of seizures? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Are you concerned about your child wandering? No \_\_\_ Yes \_\_\_ If Yes: \_\_\_\_\_

Is there a health condition or diagnosis you wish to share? No \_\_\_ Yes \_\_\_

If Yes: \_\_\_\_\_

Does your child have an IEP or 504 plan? No \_\_\_ Yes \_\_\_ If Yes, willing to share? No \_\_\_ Yes \_\_\_

My child doesn't have a diagnosis but it is suspected he/she may have: \_\_\_\_\_

Other things I would like to share about: \_\_\_\_\_

