



# Individual Scout Profile (ISP)



This helps us provide a safe and inclusive experience for all those involved. All information remains confidential and is only shared with registered leaders working directly with your child.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

How does your child learn best? Check all that apply: Visual      Verbal      Hands-on

Additional learning style details:

\_\_\_\_\_

What are your child's special interests or hobbies?

\_\_\_\_\_

What are your child's strengths?

\_\_\_\_\_

### Does your child...

Have allergies?                      If yes: \_\_\_\_\_

Take medications?                      If yes: \_\_\_\_\_

Have a special diet?                      If yes: \_\_\_\_\_

Have foods to be avoided?                      If yes: \_\_\_\_\_

### Does your child have sensory challenges with...

Sound?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

Sight?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

This form is designed based off the original form of the same name from Autism Empowerment and Autism & Scouting (which no longer exists). It is not meant to be a copy, merely an update to provide success to Scouts and guidance to Scouting Leaders for a more meaningful and inclusive Scouting experience. Visit [AutismEmpowerment.org](http://AutismEmpowerment.org) for more resources.

Child's name: \_\_\_\_\_

Smells?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

Touch?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

Motor skills/dexterity?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

Communication?

If yes, please provide details:

\_\_\_\_\_

Suggestions:

\_\_\_\_\_

What makes your child upset? Emotional or sensory triggers:

\_\_\_\_\_

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

\_\_\_\_\_

What does it look like if your child is overcome by sensory issues?

Shutdown    Meltdown    Other \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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Child's name: \_\_\_\_\_

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

\_\_\_\_\_

Does your child eat non-food objects or have pica?

If yes: \_\_\_\_\_

Are you concerned about your child wandering?

If yes: \_\_\_\_\_

Is there a diagnosis you'd like to share?

If yes: \_\_\_\_\_

My child doesn't have a diagnosis, but it is suspected they may have:

\_\_\_\_\_

Any other information you'd like to share with us:

\_\_\_\_\_

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