A GUIDE

TO WORKING WITH

Boy Scouts With DisABILITIES

BOY SCOUTS OF AMERICA®

INTRODUCTION

Since its founding in 1910, the Boy Scouts of America has had fully participating members with physical, mental, and emotional disabilities. The first Chief Scout Executive, James E. West, had a disability.

While there are troops composed exclusively of Scouts with disabilities, experience has shown that Scouting works best when such boys are mainstreamed—placed in a regular patrol in a regular troop.

The best guide to working with Scouts who have disabilities is to use good common sense. It's obvious that a Scout in a wheelchair may have problems fulfilling a hiking requirement, but it might not be so obvious when it comes to the Scout with a learning disability. Use the resources around you, and this pamphlet. Begin with the Scout and his parents; seek guidance from them on how best to work with the Scout. Seek help from the Scout's teacher, doctor, or physical therapist. Each Scout will be different, so no single plan will work for every Scout. If the troop is short on personnel, ask the Scout's parents to help, or assign one or more skilled older Scouts to be of assistance. It will take patience, but the rewards will be great, for you and for the members of your troop.

Camp Facilities

The Boy Scouts of America national standards for camp facilities state that sleeping areas, dining facilities, toilets, bathing facilities, and program facilities for persons with disabilities must be available. The Engineering Service of the BSA provides accessibility standards for camp facilities that include barrier-free troop sites, latrine and washing facilities, ramps, and tent frames.

The Americans With Disabilities Act requires the removal of architectural barriers where it is readily achievable. Examples of this might include installing ramps, repositioning shelves and furniture, widening doorways, rearranging toilet partitions, and installing accessible cup dispensers at water fountains.

Scouting Is for All Boys

Clause 20 of article XI, section 3, of the Rules and Regulations of the Boy Scouts of America reads: "*Clause 20.* Mentally Retarded or Severely Physically Handicapped Youth Members. In the discretion of the Executive Board, and under such rules and regulations as it may prescribe upon consultation with appropriate medical authorities, registration of boys who are either mentally retarded or severely physically handicapped, including the blind, deaf and emotionally disturbed, over age 11 as Cub Scouts and over age 18 as Boy Scouts, or Varsity Scouts, and registration of young adults who are either mentally retarded or severely physically handicapped, including the blind, deaf and emotionally disturbed, over age 21 as Venturers, and the participation of each in the respective advancement programs while registered, is authorized."

Scouts With Disabilities

The basic premise of Scouting for youth with disabilities is that every boy wants to participate fully and be treated and respected like every other member of the troop. While there are, by necessity, troops composed exclusively of Scouts with similar disabilities, experience has shown that Scouting usually succeeds best when every boy is a member of a patrol in a regular troop.

To the fullest extent possible, Scouts with disabilities should be given opportunities to camp, hike, and take part in other patrol and troop activities. Most Scout camps and public campgrounds have accessible campsites to accommodate individuals with disabilities. Most camp operations work with the troop leadership to design a program for Scouts with disabilities if given adequate advance notice.

Many Scouts with disabilities can accomplish the basic skills of Scouting but may require extra time to learn them. Working with these youth will require patience and understanding on the part of troop leaders and other Scouts. A clear and open understanding should exist between the troop leadership and the parents or guardians of the Scout with a disability. Both will be required to give extra effort, but in both cases, the effort will be well worth it. See the section titled "Parents' Prejoining Conference" for details of items to discuss. Most Scout troops do not have leaders who have expertise in working with Scouts with disabilities, so a parent may be required to attend troop activities, especially those that might require strenuous physical effort or those that occur over an extended period of time such as a campout or summer camp.

Troop leaders should know the limitations of the Scout and, in some cases, may need to discuss the extent of physical activity with the health-care provider, in addition to the parents or guardians. Permission of the parent is required to contact the health-care provider.

Before a Scout with a disability joins a troop, the Scoutmaster should explain to the members of the troop what they should expect. Explain the disability, the treatment, and any likely reactions that might occur. Stress that the new Scout should be treated like any other new Scout but that troop members should be sensitive to his needs. Experience has shown that a Scout with a disability can have a positive impact on a Scout troop, and the Scouts take great pride in his accomplishments.

Council Advisory Committee

Most local councils, and many districts, have a Council Advisory Committee on youth with disabilities whose function is to better serve youth with physical and mental disabilities. This committee works with institutions that desire to have special units and with traditional troops that may have a single Scout with a disability.

The committee also works to make camping areas and troop facilities accessible and barrier-free. It provides resources such as sign-language interpreters for hearing-impaired Scouts, tapes and Braille literature for vision-impaired Scouts, and adults with special skills to serve as advisers and tutors on a special-needs basis. The committee should also act as the advocate that speaks on behalf of Scouts with disabilities at every opportunity. The committee would often work closely with the advancement committee to develop alternate requirements for Scouts and with the camping committee to ensure barrier-free camp facilities.

Other duties of this committee could include presenting awards and recognitions for Scouters who have performed extraordinary service in working with youth with disabilities, the organization of new units, and promoting awareness of disabilities through activities and events.

Local councils are under no legal obligation to provide these services but should attempt to identify volunteer Scouters with special skills and a passion to serve youth with disabilities.

Parents' Prejoining Conference

Prior to joining a troop, parents and the Scout should meet with the Scout leader to explain the prospective Scout's special needs. The Scout should be present at the prejoining conference so that he clearly understands the expectations of him, his parents, and the troop. Allow him to speak for himself as much as possible. The following are some of the issues that should be discussed.

General Characteristics

The Scout leader should attempt to obtain a general picture of the Scout's strengths and weaknesses. The leader should be aware of special needs that might arise at meetings, campouts, field trips, etc.

Since most Scout troops do not have assistant leaders who have expertise in working with Scouts with disabilities, a parent may be required to attend troop activities, especially those activities that might require strenuous physical effort or that occur over an extended period of time.

Physical Disabilities

Physical limitations should be discussed with the parents and Scout. The medical histories on the back of the membership application form should be filled out completely and kept on file *with the unit.* If you anticipate that this Scout may need exceptions made in the advancement process, then you may wish to obtain either a medical statement concerning the Scout's disabilities from a licensed health-care provider, or an evaluation statement certified by an educational administrator.

Mental Capabilities

The Scout leader should be advised by the parents of their son's capabilities. The Scout leader should know the Scout's present grade level and his reading, listening, and mathematical abilities. The Scout leader can then determine how best to help the Scout get the fullest program possible.

Medication

While it is the responsibility of the Scout and/or his parent or guardian to ensure that he takes his prescription medication correctly, the Scout leader should be aware of what medication the Scout takes regularly. A Scout leader, after obtaining *written* permission and instructions for administering any medications, can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time, but BSA policy does not mandate or encourage the Scout leader to do so. Also, if state laws are more limiting, they must be followed.

Discipline

Parents should be asked about any behavioral disorder. Troop rules should be discussed with the parents and the Scout. The Scout leader should determine the discipline used to maintain appropriate behavior. The Scout leader should explain disciplinary procedures (sitting out games, suspension from a troop meeting or campout, etc.) to the parents. Have rules in writing for parents and youth.

Diet and Eating Problems

Any special diets or restrictions, and any chewing or swallowing problems, should be explained to the Scout leader. If special diet is necessary, food for campouts should be provided by the parents.

Living Skills

The Scout's ability to attend to his personal needs, and any special help he might require in this area, should be discussed with parents.

Transportation

Transportation to and from troop meetings is the parents' responsibility. Car pooling with other parents is suggested but should be arranged among parents.

Unit Operation

The Scout leader should explain the Scouting program and emphasize why advancement (at whatever rate possible) is important to the Scout. Parents should be encouraged to reinforce their son's activities.

Emergency Procedures

Parents must inform the Scout leader of the name and phone number of their son's doctor. His medical history should be discussed in full. Appropriate medical permissions should be obtained. (See informed consent form.)

Parent or Guardian Informed Consent

The undersigned is the parent or guardian ("Parent/Guardian") of a youth member of the Boy Scouts of America ("Scout"), and hereby acknowledges that the Scout wishes to participate in a Scouting activity sponsored by _____ Council of the Boy Scouts of America ("Council"), to be held at _____ from _____, 20___, to _____, 20___, including travel to and returning from the location (the "Activity"). The Scout will be accompanied on the Activity by the following adult leaders: _____ _____ _____ ("Adult Leaders").

The undersigned Parent/Guardian further acknowledges that the Scout has certain physical limitations or impairments that will require the physical assistance of one or more Adult Leaders while participating in the Scouting Activity. The undersigned Parent/Guardian expressly consents to such assistance by any Adult Leader.

The Scout agrees to promptly report to any Adult Leader any physical symptoms or ailments encountered by the Scout while on the Activity. Should medical treatment be deemed advisable by any Adult Leader, in the Adult Leader's sole discretion, the undersigned expressly consent to said treatment by any licensed physician or medical caregiver.

The undersigned further agrees to hold harmless the Boy Scouts of America, the Council, and its Adult Leaders, officers, board members, employees, volunteers, agents, and related parties or entities from any and all claims, demands, injuries, damages, actions, or causes of action arising out of the Scout's participation in the Activity.

I certify that I have read and understand the above and hereby agree to it.

Date _____

_____

Parent or Guardian

_____

(Print name.)

_____

Name of Scout

SWORN TO AND SUBSCRIBED BEFORE ME, under my official hand and seal of office, this _____ day of _____, 20___.

_____

Notary Public

(Reprint as needed.)

My commission expires on _____.

Definitions of Types of Disabilities

The following list describes some disabilities that are common. This list is by no means a complete one, and the descriptions are by no means comprehensive. For more information about specific disabilities, call the National Information Center for Children and Youth with Disabilities toll-free, 800-695-0285. This organization provides fact sheets to aid parents and Scout leaders who work with children with disabilities.

attention deficit disorder (ADD). A syndrome of learning and behavioral problems that affects concentration, impulse control, and attention. Overactive behavior is often called *hyperactivity (ADHD)*.

autism. A developmental disability originating in infancy, characterized by staring at space, nonresponse to sounds, and an apparent lack of interest in other people. Children with autism do not understand common dangers, such as busy streets, yet some show above-normal skill in isolated areas of mathematics or music.

cerebral palsy. A group of disorders resulting from brain damage. *Cerebral* refers to the brain and *palsy* to a lack of control over muscles. Any combination of physical and mental status is possible. Symptoms range from slight awkwardness of gait to more uncontrolled movements and an inability to see, speak, or learn as people without disabilities do. Cerebral palsy should not be associated with mental retardation.

developmental disabilities. A severe, chronic set of functional limitations that result from any physical and/or mental impairment that manifests itself before age 22.

Down's syndrome. Physical and intellectual development is slow in people who have Down's syndrome. They will frequently have health-related disorders such as heart defects and respiratory, vision, hearing, and speech problems.

emotional disturbance. An inability to adjust to the problems and stresses of daily life. Such disabilities can cause people to react aggressively to, or withdraw from, situations rather than attempt to adjust to them.

learning disability. A disorder in one or more of the basic physiological processes involved in understanding or in using language, spoken or written. The disorder can manifest itself in, for example, the ability to listen, think, speak, read, write, spell, do mathematical calculations, etc. Even though their progress in these skills might be limited, people with learning disabilities may have average to above-average intelligence.

mental retardation. People with mental retardation are limited in their ability to learn and are generally socially immature. Mental retardation is a condition, not a disease, manifested before age 21. It is important to realize that people with mental retardation have the same hopes and emotions as people without it. They learn, but at a slow pace.

a. **mild retardation.** About 90 percent of people with mental retardation have mild retardation. They are capable of being educated and, as adults, given proper training, can work in competitive jobs, live independently, and be a part of daily community life.

b. **moderate retardation.** People with moderate retardation are sometimes known as *trainable mentally retarded* people. They can learn to care for their personal needs and perform many useful tasks in the home or, as adults, in a sheltered-workshop situation.

c. **profound retardation.** People with physical disabilities and severe impairment in coordination and sensory development, making constant care necessary, have profound retardation. With special techniques, some can be taught useful simple tasks and can participate in some limited social activities.

multiple sclerosis. This chronic, progressive disease of the neurologic system affects important functions of daily living such as walking, talking, seeing, eating, tying a shoe, opening a door, etc. There is no known cure, and the cause has yet to be found.

muscular dystrophies. A general designation for a group of chronic diseases; the most prominent characteristic is the progressive degeneration of the muscles.

physical disability. An impairment that hampers physical, vocational, and community activities.

postlingual deafness. A loss of hearing after having developed speech (usually after reaching 6 years of age). People with these disabilities have some understandable speech or at least can make speechlike sounds, might "sign," have a hearing aid, etc.

prelingual deafness. An impairment caused by being born deaf or losing hearing before acquiring speech or syntax. People with these disabilities make up 95 percent of the school-age deaf population.

seizure disorders. Not a disease, but a malfunction of the manner in which the cells of the brain release energy, characterized by sudden seizures involving muscle convulsions and partial or total loss of consciousness. It can sometimes be controlled through use of medication.

speech/language disorders. A communication disorder, such as stuttering, that adversely affects a child's educational performance.

spinal cord injury. Paralysis of parts of the body, usually the result of an accident.

traumatic brain injury. An injury to the brain by an external physical force, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior. Impairments may be temporary or permanent.

visual impairment. An inability to see. An individual who is legally blind can see no more at a distance of 20 feet than a person without visual impairments can see at a distance of 200 feet. *Functional blindness* is generally defined as the inability to read newspaper type even with the best possible corrective lenses, or to perform ordinary tasks necessary to daily living.

General Guidelines for Working With Boy Scouts With Disabilities

I. Leadership Techniques

- Wise leaders expect problems but do not consider them overwhelming. Keep a confidential record of each youth for background information. Though you may view the Scout with a disability as an individual with significant differences, he really is not one. All boys have different needs. The wise leader will recognize this and be prepared to help.
- Leaders should make a personal visit to the parents and the new Scout with a disability to learn about the Scout, his physical limitations, his abilities and preferences, and whether he knows any of the other boys in the troop. Some youths with disabilities will try to do more than they are capable of doing, just to "fit in" with the rest of the boys, which could result in unnecessary frustration.
- Many youths with disabilities have special physical or health needs. Parents, visiting nurses, special education teachers, physical therapists, doctors, and other agencies can help make you more familiar with the nature of the disability. Get parent permission before contacting health care persons.
- Accept the Scout as a person and give him the same respect that you expect from him. This will be much easier to do if you know the Scout, his parents, his background, and his likes and dislikes. Remember, any behavior of his that presents difficulties is a force that can be redirected into more acceptable pathways—rather than erased and rebuilt.
- Example is a wonderful tool. Demonstrate personal discipline with respect, punctuality, accuracy, conscientiousness, dignity, and dependability.
- Become involved with the Scout in your care. Let him know that you care for him, difficulties and all. A small word of praise or a pat on the back for a job well done can mean a lot to a boy who receives little elsewhere. Judge accomplishment by what the Scout can do, not by what someone says he must do or by what you think he cannot do.
- Rewarding achievement will likely cause that behavior to be repeated. Reward can be in the form of a thank-you, a recognition made by the group for helping the group perform at a higher level, a badge, a prize, or a chance to go on a trip. Focus rewards on proper behavior and achievement.
- Do not let the Scout or parents use the disability as an excuse for not trying. Expect the Scout to give his best effort.

II. Providing Encouragement

- Reward more than you criticize, in order to build self-esteem.
- Praise immediately any and all good behavior and performance.
- Change rewards if they are not effective in motivating behavioral improvement.
- Find ways to encourage the Scout.
- Teach the Scout to reward himself. This encourages him to think positively about himself.

III. Giving Instruction to Youth With Disabilities

- Maintain eye contact during verbal instruction (except when the Scout's culture finds this inappropriate).
- Make directions clear and concise. Be consistent with instructions.
- Simplify complex directions. Give one or two steps at a time.
- Make sure the Scout comprehends the instructions before beginning the task.
- Repeat instructions in a calm, positive manner, if needed.
- Help the Scout feel comfortable with seeking assistance.

IV. Providing Supervision and Discipline

- As a leader, you must be a number of things to each boy: a friend, authority figure, reviewer, disciplinarian, resource, and teacher.
- Listening is an important technique that means giving the Scout an opportunity to express himself. Whether as a part of the group or in private conversation, be patient, be understanding, and take seriously what the Scout has to say. Keep yourself attuned to what he is saying; use phrases like, "You really feel that way?" or "If I understand you right. . . ."
- Avoid ridicule and criticism. Remember, *all* children have difficulty staying in control.
- Remain calm, state the infraction of the rule, and avoid debating or arguing with the Scout.
- Have preestablished consequences for misbehavior for all Scouts.
- When a Scout is behaving in an unacceptable manner, try the "time out" strategy or redirect his behavior.
- Administer consequences immediately, and monitor proper behavior frequently.
- Make sure the discipline fits the offense and is not unduly harsh.
- Enforce troop rules consistently.
- Do not reward inappropriate behavior. Praise when the Scout exerts real effort, even if unsuccessful, and/or when he shows improvement over a previous performance. Never praise falsely.
- Do not accept blaming others as an excuse for poor performance. Make it clear that you expect the Scout to answer for his own behavior.
- Behavior is a form of communication. Look for what the behavior is saying (i.e., does the Scout want attention?).

Guidelines for Specific Types of Disabilities

If a Scout or Scouter has any of the following disabilities, these ideas might be helpful. Always ask if he or she needs, or wants, help. Ask *how* you can help.

Mobility Impairments

- Remember that people who use adaptive equipment (wheelchairs, crutches, etc.) often consider their equipment an extension of their bodies.
- Never move equipment out of the person's reach.
- Before you go out with someone who has a mobility impairment, make sure facilities at the destination are accessible.
- Never pat a person in a wheelchair on the head. This is a sign of disrespect for adults.
- When helping, ask how equipment works if you are unfamiliar with it.
- Prevent strained necks by standing a few feet away when talking to someone in a wheelchair.
- Find a place to sit down for long talks.

Hearing Loss

- Make sure the person is looking at you before you begin to talk.
- Speak slowly and enunciate clearly.
- Use gestures to help make your points.
- Ask for directions to be repeated, or watch to make sure directions were understood correctly.
- Use visual demonstration to assist verbal direction.
- In a large group, remember that it's important for only one person to speak at a time.
- Speakers should never stand with their backs to the sun or light when addressing people with hearing loss.
- Shouting at a person who is deaf very seldom helps. It distorts your speech and makes lipreading difficult.

Vision Impairments

- Identify yourself to people with vision impairments by speaking up.
- Offer your arm, but don't try to lead the person.
- Volunteer information by reading aloud signs, news, changing street lights, or warnings about street construction.
- When you stop helping, announce your departure.
- If you meet someone who has a guide dog, never distract the dog by petting or feeding it; keep other pets away.
- If you meet someone who is using a white cane, don't touch the cane. If the cane should touch you, step out of the way and allow the person to pass.

Speech/Language Disorders

- Stay calm. The person with the speech disorder has been in this situation before.
- Don't shout. People with speech disorders often have perfect hearing.
- Be patient. People with speech disorders want to be understood as badly as you want to understand.
- Don't interrupt by finishing sentences or supplying words.
- Give your full attention.
- Ask short questions that can be answered by a simple yes or no.
- Ask people with speech disorders to repeat themselves if you don't understand.
- Avoid noisy situations. Background noise makes communication hard for everyone.
- Model slow speech with short phrases.

Mental Disabilities

People whose mental performance is affected may learn slowly and have a hard time using their knowledge.

- Be clear and concise.
- Don't use complex sentences or difficult words.
- Don't talk down to the person. "Baby talk" won't make you easier to understand.
- Don't take advantage. Never ask the person to do anything you wouldn't do yourself.
- Be understanding. People with below-average mental performance are often aware of their limitations, but they have the same needs and desires as those without the disability.

Social/Emotional Impairments

People with social/emotional impairments have disorders of the mind that can make daily life difficult. If someone is obviously upset,

- Stay calm. People with mental illness are rarely violent.
- Offer to get help. Offer to contact a family member, friend, or counselor.

Attention Deficit Disorder

Troop leaders have a positive effect on children with attention deficit disorder (ADD). Here are some ways leaders can help.

- Structure Scout meeting time, activities, and rules so that the Scout with ADD knows what to expect. Post a calendar of events.

- Be positive. Praise appropriate behavior and completion of tasks to help build the Scout's self-esteem.
- Be realistic about behavior and assignments. Many children with ADD simply can't sit for long periods or follow detailed instructions. Make learning interesting with plenty of hands-on activities.
- Monitor behavior through charts that explain expectations for behavior and rewards for reaching goals. This system of positive reinforcement can help the Scout stay focused.
- Test the Scout's knowledge and not just his ability to take tests. Testing orally or in several short testing sessions might help.
- Begin a formal achievement program. Weekly reports to parents could increase their involvement.
- Work closely with parents and members of the education team. People working together can make a big difference.
- Be sensitive to the Scout about taking his medication. Avoid statements such as, "Johnny, go take a pill."
- Simplify complex directions. Give one or two steps at a time.

Learning Disabilities

Learning disabilities (including minimal brain damage, perceptual disabilities, communication disorders, and others) are usually disorders of the central nervous system that interfere with basic learning functions.

- Listen and observe carefully to find clues as to how this Scout approaches problems and what his difficulties are.
- Remember that praise and encouragement can help build self-esteem.
- Let other troop members use their friendship and support to show the Scout that he belongs.
- Use short, direct instructions that help the Scout know what is expected of him.
- As much as possible, stay with a regular troop schedule, allowing the Scout to help with assigned duties.
- Give the Scout extra time when needed. Don't rush his answers. Reword instructions or questions if necessary.

Resources Available From BSA

The following resources are used to help increase disabilities awareness in local council and district Scouters as well as to help the local council develop working relationships with other local agencies and organizations that work with people with disabilities:

- Scouts With Disabilities fact sheet, No. 02-508
- Scouting for Youth With Emotional Disabilities, No. 32998D
- *Youth Protection Guidelines* video (closed-captioned), No. AV-03V014
- *New Leader Essentials* video (closed-captioned), No. AV-02V016
- *Scoutmaster and Assistant Scoutmaster Leader Specific Training* video, No. AV-02V015
- *It Happened to Me* video, No. AV-09V011
- Scouting for Youth With Physical Disabilities, No. 33057D
- Scouting for Youth With Mental Retardation, No. 33059C
- Scouting for Youth Who Are Deaf, No. 33061B
- Scouting for the Blind and Visually Impaired, No. 33063D
- Scouting for Youth With Learning Disabilities, No. 33065B
- Woods Service Award Nomination Form, No. 89-258 (revised and sent to councils every September with a December 31 deadline. One person is selected each spring to receive this national award.)
- Torch of Gold certificate, No. 33733 (for local council use in recognizing adults for outstanding service to youth with disabilities)
- Council Advisory Committee on Youths With Disabilities, No. 89-239B
- *Boy Scout Fast Start* video (closed-captioned), No. AV-02V026
- *Disabilities Awareness* merit badge pamphlet, No. 33370
- My Scout Advancement Trail, No. 33499B (a record book to help a boy use the Boy Scout recognition bead system to recognize small, bite-sized attainment of individual requirements for Tenderfoot, Second Class, and First Class ranks)
- Application for Alternate Eagle Scout Merit Badges, No. 58-730

Design examples available from Engineering Service, BSA, Irving, Texas:

- Accessibility Standards for Camp Facilities
- Barrier-Free Troop Site
- Barrier-Free Tent Frame
- Barrier-Free Latrine/Shower for Campsite
- Existing BSA Facilities and the Americans With Disabilities Act

BSA Resources Available Elsewhere

- *Boys' Life* magazine (in Braille). Library of Congress for the Blind and Physically Handicapped; 101 Independence Avenue, SE; Washington, D.C. 20540; telephone: 202-707-5100; Web site: *http://www.loc.gov.*
- Recordings of the *Boy Scout Handbook* and various merit badge pamphlets. Recordings for the Blind and Dyslexic; 20 Roszel Road; Princeton, NJ 08540; telephone: 800-221-4792; Web site: *http://www.rfbd.org/.*
- *Boy Scout Handbook* (in Braille). The Lighthouse of Houston; P.O. Box 130345; Houston, TX 77219-0435; telephone: 713-527-9561; fax: 713-284-8451; Web site: *http://www.thelighthouseofhouston.org.*
- Merit badge pamphlets (in Braille). National Braille Association; 3 Townline Circle; Rochester, NY 14623-2513; telephone: 716-427-8260; fax: 716-427-0263; Web site: *http://www.nationalbraille.org.*

Membership Requirements for Those Above the Normal Registration Age

The medical condition of all candidates for membership beyond the normal registration age must be certified by a licensed health-care provider. Use the Personal Health and Medical Record form, No. 34412A. Any corrective measures, restrictions, or limitations must be noted. In the case of candidates with mental retardation or emotional disturbance, their condition must be certified by a statement signed by a licensed psychologist or psychiatrist. Current health, medical, or certification records of all youth members with disabilities who are beyond the normal registration age are to be retained in the unit file at the council service center.

Advancement Guidelines

Many Scouts with disabilities may have difficulty completing the requirements to advance in Scouting. However, it is important that these Scouts feel as much like others as possible, therefore completing the requirements as stated in official Scouting literature should be a primary objective. It may take these Scouts a little longer than others, so using the intermediate recognition system with the leather thong and beads can be a real motivator. If a Scout's disability hinders him in completing a particular requirement or merit badge, then he may wish to apply for alternate requirements for Tenderfoot through First Class ranks, or for an alternate merit badge.

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

A Scout who has a permanent physical or mental disability and is unable to complete all of the requirements for Tenderfoot, Second Class, or First Class rank may submit a request to the council advancement committee to complete alternate requirements.

To keep Scouts with disabilities as much in the advancement mainstream as possible, some advancement accommodation may be required. Thus, a Scout in a wheelchair can meet the requirements for hiking by making a trip to a place of interest in his community. Giving more time and permitting the use of special aids are other ways leaders can help Scouts with disabilities in their efforts to advance. The substitute should provide a similar learning experience to the original requirement. Bear in mind that the outcome of the Scouting experience should be one of fun and learning, not completing the requirements for rank advancements, which might place unrealistic expectations on the Scout with a disability.

Below are the procedures for applying for alternate requirements.

Step 1—Do as Many Standard Requirements as Possible.

Before applying for alternate requirements, the Scout must complete as many of the standard requirements as his ability permits. He must do his very best to develop himself to the limit of his abilities and resources.

Step 2—Secure a Medical Statement.

A clear and concise medical statement concerning the Scout's disabilities must be submitted by a licensed health-care provider. It must state that the disability is permanent and outline what physical activities the Scout may not be capable of completing. In the case of a mental disability, an evaluation statement should be submitted by a certified educational administrator relating the ability level of the Scout.

Step 3—Prepare a Request for Alternate Requirements.

A written request must be submitted to the council advancement committee for the Scout to work on alternate requirements for Tenderfoot, Second Class, and First Class ranks. The request should include the standard requirements the Scout has completed and the suggested alternate requirements for those requirements the Scout cannot complete. This request should be detailed enough to give the advancement committee enough information to make a decision. The request should be prepared by the Scout, his parents, and his Scoutmaster. A copy of the medical statement in step 2 should be included.

Step 4—The Advancement Committee Reviews the Request.

The council advancement committee should review the request, utilizing the expertise of professional persons involved in Scouts with disabilities. The advancement committee may want to interview the Scout, the parents, and the leader to fully understand the request and to make a fair determination. The decision of the advancement committee should be recorded and delivered to the Scout and the Scoutmaster.

Scouts with permanent disabilities may request extended membership beyond the age of 18.

Alternate Merit Badges for the Eagle Scout Rank

1. By qualifying for alternate merit badges, a Boy Scout, Varsity Scout, or qualified Venturer who has a physical or mental disability may achieve Eagle Scout rank. (In order for a Venturer to be an Eagle Scout candidate, he must have achieved First Class rank as a Boy Scout or Varsity Scout.) This does not apply to individual requirements for merit badges. Merit badges are awarded only when all requirements are met as stated.
2. The physical or mental disability must be of a permanent, rather than a temporary, nature.
3. A clear and concise medical statement concerning the Scout's disabilities must be made by a licensed health-care provider, or an evaluation statement must be certified by an educational administrator.
4. The candidate must earn as many of the required merit badges as his ability permits.
5. The candidate must complete as many of the requirements of the required merit badges as his ability permits.
6. The Application for Alternate Eagle Scout Rank Merit Badges must be completed prior to qualifying for alternate merit badges. (This application, No. 58-730, can be obtained from your local council.)
7. The alternate merit badges chosen must demand as much effort as the required merit badges.
8. When alternates chosen involve physical activity, the activities must be approved by the Scout's licensed health-care provider.
9. The unit leader and the board of review must explain that to attain the Eagle Scout rank, a candidate is expected to do his best in developing himself to the limit of his resources.
10. The application must be approved by the council committee responsible for advancement, utilizing the expertise of professional persons involved in Scouting for people with disabilities.
11. The candidate's application for Eagle Scout rank must be made on the Eagle Scout Rank Application, with the Application for Alternate Eagle Scout Rank Merit Badges attached.

ABLEDATA
8630 Fenton St., Suite 930; Silver Spring, MD 20910
Telephone:- 800-227-0216 (voice); 301-608-8912 (TTY)
Fax:-301-608-8958
E-mail: abledata@orcmacro.com
Web site: *http://www.abledata.com*

The Action Starts Here (TASH)
29 W. Susquehanna Ave., Suite 210; Baltimore, MD 21204
Telephone: 410-828-08274 Fax: 410-828-6706
Web site: *http://www.tash.org*

American Foundation for the Blind (AFB)
11 Penn Plaza, Suite 300; New York, NY 10001
Telephone: 800-AFB-LINE (800-232-5463)
Fax: 212-502-7777
E-mail: afbinfo@afb.net
Web site: *http://www.afb.org*

American Speech-Language-Hearing Association (ASHA)
10801 Rockville Pike; Rockville, MD 20852
Telephone: 800-638-8255 (voice or TTY)
Fax: 301-571-0457
Web site: *http://www.asha.org*

Autism Society of America
7910 Woodmont Ave., Suite 300; Bethesda, MD 20814-3067
Telephone: 800-328-8476 Fax: 301-657-0869
Web site: *http://www.autism-society.org*

Center for Effective Collaboration and Practice
Federation for Children With Special Needs
Attention: Martha Ziegler
95 Berkeley St., Suite 104; Boston, MA 02116
Telephone: 617-482-2915 Fax: 617-695-2939
Web site: *http://www.air.org/cecp/teams/stratpart/fcsn.htm*

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 150; Landover, MD 20785
Telephone: 800-233-4050 Fax: 301-306-7090
Web site: *http://www.chadd.org*

International Dyslexia Association
8600 LaSalle Road; Chester Building, Suite 382
Baltimore, MD 21286-2044
Telephone: 410-296-0232 (voice); 800-ABCD123 (messages)
Fax: 410-321-5069
Web site: *http://www.interdys.org*

Learning Disabilities Association of America (LDA)
4156 Library Road; Pittsburgh, PA 15234-1349
Telephone: 412-341-1515 Fax: 412-344-0224
Web site: *http://www.ldanatl.org*

National Association of the Deaf
814 Thayer Ave.; Silver Spring, MD 20910-4500
Telephone: 301-587-1788 (voice); 301-587-1789 (TTY)
Fax: 301-587-1791
E-mail: NADinfo@nad.org
Web site: *http://www.nad.org*

National Attention Deficit Disorder Association (ADDA)
P.O. Box 543, Pottstown, PA 19464
Telephone: 484-945-2101 Fax: 610-970-7520
Web site: *http://www.add.org*

National Center for Learning Disabilities
381 Park Ave. South, Suite 1401; New York, NY 10016
Telephone: 888-575-7373 Fax 212-545-9665
Web site: *http://www.ncld.org*

National Down Syndrome Congress
1370 Center Drive, Suite 102; Atlanta, GA 30338
Telephone: 800-232-NDSC
E-mail: info@ndsccenter.org
Web site: *http://www.ndsccenter.org*

National Down Syndrome Society (NDSS)
666 Broadway; New York, NY 10012
Telephone: 800-221-4602 Fax: 212-979-2873
Web site: *http://www.ndss.org*

National Information Center for Children and Youth With Disabilities (NICHCY)
P.O. Box 1492; Washington, DC 20013
Telephone: 800-695-0285 (voice/TTY)
Fax: 202-884-8441
E-mail: nichy@aed.org
Web site: *http://www.nichy.org*

National Library Service for the Blind and Physically Handicapped
The Library of Congress; Washington, DC 20542
Telephone: 202-707-5100 (voice); 202-707-0744 (TDD)
Fax: 202-707-0712
E-mail: nls@loc.gov
Web site: *http://lcweb.loc.gov/nls*

National Rehabilitation Information Center (NARIC)
4200 Forbes Blvd., Suite 202; Lanham, MD 20706
Telephone: 800-346-2742 (voice); 301-459-5924 (TTY)
E-mail: naricinfo@heitechservices.com
Web site: *http://www.naric.com*

United Cerebral Palsy
16660 L St., NW, Suite 700; Washington, DC 20036-5602
Telephone: 800-872-5827 (voice); 202-776-0406 (TTY)
Fax: 202-776-0414
Web site: *http://www.ucp.org*

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