

Piedmont Council 042 - Disabilities Membership Tool

Since its founding in 1910, the Boy Scouts of America has had fully participating members with physical, mental, and emotional disabilities. Scouting gives youth with disabilities the opportunity to participate along with other youth. The Boy Scouts of America encourages the inclusion of Scouts with disabilities in all of our units.

The purpose of this survey is to better understand the extent, demographics, and population of Scouts with disabilities in our Council by number of Scouts, i.e., not by name. This information will help us better serve all Scouts, provide leaders with resources and training to better serve the youth, and target specific areas of high need in regard to training and resources.

Please complete this survey to the best of your ability, and return with your re-chartering packet.

UNIT #: _____ **DISTRICT:** Piedmont 01 **DATE:** _____
Type and Number

SCOUTS IN UNIT: _____ **# SCOUTS W/ DISABILITIES:** _____ **# LEADERS W/DISABILITIES:** _____

PERSON COMPLETING SURVEY (please print): _____ **POSITION:** _____

PHONE: _____ **E-MAIL:** _____

(Note: Count each Scout only once. If Scouts have multiple disabilities, use that category and list the disabilities.)

OF SCOUTS

_____ **Scouts w/ Disabilities who have earned the unit's highest rank in the past year**
(i.e., Arrow of Light, Eagle, Summit, Denali)

_____ **Autism Spectrum Disorder** (including Asperger's syndrome, PDD-NOS)

_____ **ADHD** (Attention Deficit Hyperactivity Disorder)

_____ **Blind or Sight-Impairment**

_____ **Deaf or Hard of Hearing**

_____ **Cognitive disability** (learning disabilities, reading disorders such as Dyslexia, writing disorders such as Dysgraphia, Auditory Processing Disorder, Speech Impairments, Down Syndrome, etc.)

_____ **Developmental delay** (Down Syndrome)

_____ **Emotional/Behavioral Disabilities** (Bipolar Disorder, Depression, Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder, Tourette Syndrome, etc.)

_____ **Physically disabled** (Cerebral palsy, spina bifida, paralysis, mobility impairments, etc)

_____ **Seizures / Epilepsy**

_____ **Traumatic brain injury**

_____ **Multiple Coexisting Disabilities** _____ (attach details in a separate document if necessary)