A GUIDE TO WORKING WITH Boy Scouts With DisABILITIES

Resource Organizations

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

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@afbl.org
Web site: http://www.afb.org

Acuton Society of America
7910 Woodmont Ave., Suite 300, Bethesda, MD 20814-3067
Telephone: 800-334-4050
Fax: 301-306-7090
Web site: http://www.acuton.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
8609 Latallade Road, Chester Building, Suite 382
Baltimore, MD 21286-2084
Telephone: 410-286-0232 (voice); 800-ABCD123 (messages)
Fax: 410-221-3476
Web site: http://www.interdys.org

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

National Association of the Deaf
814 Thayer Ave., Silver Spring, MD 20910-4000
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: 888-573-7373
Fax: 212-543-9663
Web site: http://www.add.org

National Down Syndrome Congress
1370 Center Drive, Suite 102, Atlanta, GA 30338
Telephone: 800-332-NDSC
E-mail: info@ndsccenter.org
Web site: http://www.ndsccenter.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

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@afbl.org
Web site: http://www.afb.org

Autism Society of America
7910 Woodmont Ave., Suite 300, Bethesda, MD 20814-3067
Telephone: 800-328-8476
Fax: 301-577-0477
Web site: http://www.autism-society.org

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

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1370 Center Drive, Suite 102, Atlanta, GA 30338
Telephone: 800-332-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: 212-979-2473
Web site: http://www.ndss.org

National Information Center for Children and Youth With Disabilities (NICHCY)
P.O. Box 1492, Washington, DC 20003
Telephone: 800-695-0285 (voice/TTY)
Fax: 202-894-8341
E-mail: nichcy@acl.org
Web site: http://www.inb.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: ri.biblc.gov
Web site: http://www.loc.gov/nls

National Rehabilitation Information Center (NARIC)
4200 Forbes Blvd., Suite 202, Lanham, MD 20706
Telephone: 800-346-2742 (voice); 301-439-5924 (TTY)
E-mail: narricom@narric.org
Web site: http://www.naric.com

United Cerebral Palsy
16660 E St., NW, Suite 700, Washington, DC 20016-1602
Telephone: 800-872-1827 (voice), 202-776-0966 (TTY)
Fax: 202-776-0414
Web site: http://www.ucp.org

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16660 E St., NW, Suite 700, Washington, DC 20016-1602
Telephone: 800-872-1827 (voice), 202-776-0416 (TTY)
Fax: 202-776-0414
Web site: http://www.ucp.org

Web site: http://www.scouting.org

2008 Printing
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 Membes. 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.”

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.
Guidelines for Membership and Advancement

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 advance-ment 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 expecta-tions on the Scout with a disability.

Below are the procedures for applying for alternate requirements.

Step 1—Do as Many Standard Requirements as Possible.

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 exclu-sively 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 camp-sites 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 par-ents 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 Scoutingmaster should explain to the members of the troop what they should expect. Explain the disability, the treat-ment, 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 disabling condition can have a positive impact on a Scout troop, and the Scouts take great pride in his accomplishments.
Parents’ Prejoining Conference
Prior to joining a troop, parents and the Scout should meet with the Scout leader to explain the prosaic 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.

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, state laws are more limiting, they must be followed.

Discipline
Parents should be asked about any behavioral disorders. 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 Scoutin 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.)

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.

Appendix
(See informed consent form.)

Parents should be aware of any behavior problem. 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.

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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.

Resources Available From BSA
The following resources are used to help increase disabilities awareness in local council and district Scouts 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
Boy Scout Handbook in large print. Boy Scout Division, 972‑256‑2539
Youth Protection Guidelines video (closed-captioned), No. AV‑03V04
New Leader Essentials video (closed-captioned), No. AV‑02V016
Scoutmaster and Assistant Scoutmaster Specific Training videos, No. AV‑02V015
It Happened to Me video, No. AV‑09V011
Scouting for Youth With Disabilities, No. 34059
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)
Counsel Advisory Committee on Youths With Disabilities, No. 89‑239B

Boy Scout Fast Start video (closed-captioned), No. AV‑03V026
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 head 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 Tent Site
Barrier-Free Tent Frame
Barrier-Free Latrine/Shower for Campsite
Existing BSA Facilities and the Americans With Disabilities Act

BSA Resources Available Elsewhere
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, 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 put 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**
- 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.

**Speech/Language Disorders**
- 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.

**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.

**Social/Emotional Impairments**
- 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.

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**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

(Reprint as needed.)

**Name of Scout**

____________________________

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____________________________

Notary Public

(Reprint as needed.)

My commission expires on ____________, 20___.
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, 800-695-0283. This organization provides facts sheets to aid parents and Scout leaders who work with children with disabilities.

### Definitions of Types of Disabilities

**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 communication 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 dystrophy.** 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 may make up 95 percent of the school-age deaf.

**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 contractions 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.

Many youths with disabilities have special physical or learning needs. Cerebral palsy should be recognized as a developmental disability.

**A syndrome of learning disabilities,** unified by the manner in which the cells of the brain release energy, involves multiple impairments that result from any physical and/or mental condition that impairs the neurologic system. Often the behaviors seen are modified by the child’s background, and his likes and dislikes. Remember, any behavior can be redirected into more acceptable pathways—rather than erased and rebuff.

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-vous, 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 to not trying. Expect the Scout to give his best effort.

**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 work with the Scout’s culture to find solutions.

**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 learning needs. Cerebral palsy should be recognized as a developmental disability.**

A developmental disability originating in infancy, or in using language, spoken or written. The disorder **A severe, chronic set of functional limitations that result from any physical and/or mental condition that impairs the neurologic system.**

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