**BSA Policies and Suggested Protocols**

**for the River Hawk Scouting Units**

**A Guide to Working with Scouts with Special Needs**

**and Disabilities**

In 2013, the Boys Scouts of America (BSA) developed a guide specifically to address what would become the best practices for scout leaders to work with youth with Special Needs and Disabilities.

[Introduction to Scouts with Special Needs](https://filestore.scouting.org/filestore/pdf/510-071.pdf)

This procedure is borrowing heavily from that guide. The intent will be to present the guidelines that have already been developed and updated or modified to meet the specific requirements of a BSA Troop, in the new River Hawk District of the Baltimore Area Council.

The Baltimore Area Council has encouraged the River Hawk District to develop a program that can be provided to the Units to assist in meeting the needs of youth who wish to join BSA but have a special need or disability. Baltimore Area Council has developed a Special Needs program and River Hawk District will soon stand up a committee to assist the units. The link to the Baltimore Area Council disability website is listed in the Resources Available from BSA section at the end of this document.

The following information is provided from the guide mentioned above. The premise will be that these policies and procedures should be updated as necessary with the consent and approval of the Committee of each BSA Unit.

**Preface**

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.

Begin with the youth’s parents to seek guidance from the teacher, doctor, or physical therapist that knows the youth. Remember to adhere to HIPAA guidelines and do not ask for personal health information. Each youth will be different, so no single plan will work for everyone.

If the troop is short on personnel to work with the new youth, ask the 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.

**Specific Vision to Working with Scouts with Disabilities**

The proposed process would be that the interested youth and his or her parents meet with the Scoutmaster, members of the Committee, and any other adult leaders who the troop feels could provide valuable input and evaluation of the scout’s disability, how requirements could be adjusted, troop outings evaluated, and just what this scout could bring to the troop. This process is called the Parents’ Pre-joining Conference and is discussed below.

If the scout’s challenge would require a parent to be present at troop events, then the troop may need to ask the parent to register with the troop, take Youth Protection Training, and become an assistant scoutmaster. This would achieve several goals of providing security to the new scout and the parent, but also provide another trained adult who is present to assist all scouts and improve their experience in learning to interact with a scout with disabilities.

After the Parents’ Pre-joining Conference has occurred, and the mutual decision is that the chosen troop is not equipped in a manner so as to provide the best fit for the youth, then that troop’s leadership will work with the youth and the parents to find the right troop for them. BSA believes scouting is for ALL Boys and Girls.

Scouting Is for All Boys and Girls. Clause 20 of article XI, section 3, of the Rules and Regulations of the Boy Scouts of America reads: “Clause 20. Members who have disabilities.

At the discretion of the Executive Board, and under such rules and regulations as may be prescribed upon consultation with appropriate medical or educational authorities, an individual with a mental or physical disability who meets BSA’s standards of membership and is over age 11 (as a Cub Scout), over age 18 (as a Boy Scout or a Varsity Scout), or over age 21 (as a Venturer) is authorized to register and participate in the respective appropriate advancement and recognition program appropriate within that specific program.”

**Guides to Addressing Specific Needs of Specific Scouts**

The following information are guidelines and do not apply to all scouts with a special need. It will become apparent which special need is addressed by the description of the guideline and changes described. If a scout with that challenge is not part of the troop, then the described information would not apply.

**Scouts with Disabilities**

The basic premise of Scouting for youth with disabilities is that every scout 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 scout 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.

Most Scout troops do not have leaders who have expertise in working with Scouts with disabilities, so a parent of the scout with a disability, 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 and strengths of the Scout and, in some cases, may need to discuss the extent of physical activity with the healthcare 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 BSA Troop, the Scoutmaster (with parental permission) 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.

**Parents’ Pre-joining Conference**

Prior to joining a BSA Troop, parents and the Scout should meet with the Scout leader and a leader from the Troop Committee to explain the prospective Scout’s special needs. The Scout should be present at the pre-joining conference so that he or she clearly understands the expectations of them, the parents, and the troop. Allow the scout to speak for themself as much as possible. The following are some of the issues that should be discussed.

A second meeting may be suggested where the parents and the troop leadership again meet without the Scout present to discuss any concerns either see that should be addressed. The second meeting should be optional and tailored to each situation.

**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.

Depending on the disability, the Troop may require the parent to join the troop as an Assistant Scoutmaster so that the parent is trained in outdoor scouting activities and has current Youth Protection Training certification. With this scenario, the parent is present at a campout or field trip and is covered with interacting with other scouts during an outing. The decision concerning the parent becoming an Assistant Scoutmaster, will be agreed to at the Pre-joining conference.

**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 scout’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 or her 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 issues. 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 a 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. Carpooling 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 scout’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).

**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. These standards would apply to a Council sponsored facility such as a summer camp and not to public parks or campgrounds with youth facilities.

The Americans with Disabilities Act (ADA) requires that facilities comply with the law to provide accessibility to all individuals with a disability. The ADA is the most comprehensive of the nation’s disability laws. It guarantees the right of individuals with disabilities to receive reasonable accommodations in order to work and participate in all aspects of society. It prohibits disability discrimination. [S.933 - Americans with Disabilities Act of 1990](https://www.congress.gov/bill/101st-congress/senate-bill/933)

The first step is 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.

Many units meet in facilities that are ADA compliant. However, some units do not meet in such facilities and may not be able to meet the ADA requirements. A possible solution might be to propose an Eagle Scout Service Project to modify to meeting location to meet the ADA requirements.

**Discussion Among the Unit Leadership**

After this information has been addressed and discussed with the scout and the scout’s family, the troop adult leadership should meet very soon to discuss the way forward for this family within the troop.

At this point, discuss and develop an individual plan for this scout and how to integrate them into the unit. The plan should be initially developed between the Unit leader and the Committee Chair with input from other adults within the unit and the rest of the committee members. The unit leadership must be a part of this scout’s success. It should be decided who is the best contact in the unit for this scout. The scout must not feel overwhelmed or singled out if we all want an enjoyable experience.

If the troop adult leadership does not feel that a particular BSA unit is not the best fit for this scout, then please recommend or contact one of the other units to see if the scout’s needs would better be served in another unit close by. Our goal is to find the best fit for the scout whether it be in one BSA unit or another one close by.

**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, contact the National Information Center for Children and Youth with Disabilities toll-free at 800-695-0285 or via the Web at http://nichcy.org. This organization provides fact sheets to aid parents and Scout leaders who work with children with disabilities.

**Asperger’s syndrome:** What distinguishes Asperger’s syndrome from autism disorder is the severity of the symptoms and the absence of language delays. Children with Asperger’s syndrome may be only mildly affected and frequently have good language and cognitive skills. To the untrained observer, a child with Asperger’s syndrome may just seem like a normal child behaving differently.

* People with Asperger’s have difficulty recognizing non-verbal communication and the cues of social interaction like facial expressions. Imagine that everyone around you is wearing a mask and you can’t ‘read’ their facial expressions.
* As for requirements, ask him if he is having any particular difficulties and offer to help. Scouts get to advance at their own speed and level of interest. Encourage him as you would any other Scout.

**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). Signs of possible ADD or ADHD include:

* **Makes careless mistakes and lacks attention to details.**
* Has difficulty paying attention to tasks.
* Seems to not listen when spoken to directly.
* Fails to follow through on instructions, chores, or duties.

**Autism spectrum disorder (ASD):** A neurological disorder of brain function whose signs usually appear very early in childhood. The spectrum represents the range of function from low to high (Asperger’s syndrome) that the individual manifests. Autism is highly variable and is often distinguished by multiple symptoms. Individuals with ASD interact with others differently.

* Many individuals with ASD do not develop effective spoken language and rely upon other methods of communicating, such as pointing to pictures or using a tablet computer with special language applications.
* Others have echolalia, the repeating of words or phrases over and over. Individuals with ASD often have difficulty understanding the nonverbal aspect of language such as social cues, body language, and vocal qualities (pitch, tone and volume).
* Individuals with ASD often have a great need for routine and order, which can make them upset if objects in their environment or time schedules change. Children with ASD may not play with toys in the same manner as their peers and may become fixated on specific objects.
* Persons with ASD have a different reaction to sensory stimuli by seeing, hearing, feeling, or tasting things with more or less intensity than others.

**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 cognitive disabilities. developmental disabilities. A severe, chronic set of functional limitations that result from any physical and/or mental impairment that manifests itself before age 22. Signs of possible cerebral palsy include:

* Stiff muscles and exaggerated reflexes (spasticity), the most common movement disorder.
* Variations in muscle tone, such as being either too stiff or too floppy.
* Stiff muscles with normal reflexes (rigidity)
* Lack of balance and muscle coordination (ataxia)
* Tremors or jerky involuntary movements.

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

* Down syndrome causes a distinct facial appearance, intellectual disability, developmental delays, and may be associated with thyroid or heart disease.

**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.

* An inability to learn that cannot be explained by intellectual, sensory, or health factors.

**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.

* A learning disability is defined by the Department of Health as a “significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”.

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

* mild cognitive disabilities. About 90 percent of people with cognitive disabilities have mild cognitive disabilities. 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.
* moderate cognitive disabilities. People with moderate cognitive disabilities 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.
* profound cognitive disabilities. People with physical disabilities and severe impairment in coordination and sensory development, making constant care necessary, have profound cognitive disabilities. 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. Common early symptoms include:

* vision problems.
* tingling and numbness.
* pains and spasms.
* weakness or fatigue.
* balance problems or dizziness.
* bladder issues.
* cognitive problems.

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

* Muscular dystrophy is a group of diseases that cause progressive weakness and loss of muscle mass. In muscular dystrophy, abnormal genes (mutations) interfere with the production of proteins needed to form healthy muscle.
* There are many kinds of muscular dystrophy. Symptoms of the most common variety begin in childhood, mostly in boys.

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

* A physical disability is a condition that substantially limits one or more basic physical activities in life (i.e., walking, climbing stairs, reaching, carrying, or lifting). These limitations hinder the person from performing tasks of daily living. Physical disabilities are highly individualized.

**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.

* Hearing loss that occurs before a child develops speech and language skills is referred to as prelingual.

**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. Epilepsy is one type of seizure disorder. It can sometimes be controlled through use of medication. General symptoms or warning signs of a seizure can include:

* Staring.
* Jerking movements of the arms and legs.
* Stiffening of the body.
* Loss of consciousness.
* Breathing problems or stopping breathing.

**Speech/language disorders:** A communication disorder that adversely affects a child’s educational performance.

* Difficulty with forming specific words or sounds correctly.
* Difficulty with making words or sentences flow smoothly, like stuttering or stammering.
* Language delay – the ability to understand and speak develops more slowly than is typical
* Aphasia (difficulty understanding or speaking parts of language due to a brain injury or how the brain works).
* Auditory processing disorder (difficulty understanding the meaning of the sounds that the ear sends to the brain).

**Spinal cord injury:** Paralysis of parts of the body, usually the result of an accident. These are the most common symptoms of acute spinal cord injuries:

* Muscle weakness.
* Loss of voluntary muscle movement in the chest, arms, or legs.
* Breathing problems.
* Loss of feeling in the chest, arms, or legs.

**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.

**Guidelines for Specific Types of Special Needs and Disabilities**

**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 lip reading difficult.

**Vision Impairments**

* Identify yourself to people with vision impairments by speaking up. However, do not raise your voice to them.
* Offer your arm, but don’t try to lead the person.
* Volunteer information by reading aloud signs, news, changing streetlights, 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.

**Cognitive 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.

**Autism Spectrum Disorder**

* Sometimes these scouts get obsessed with rules and have a hard time with the gray areas. They can be very sure they are right without seeing the bigger picture.
* They can be less likely to respond to authority if they don’t see the logic of a decision. It is important to let them be heard and give them “their day in court” either publicly or privately.
* Provide consistent, predictable structure. Be patient. Allow extra time for activities.
* Provide a visual schedule using words and pictures. All Scouts will find this useful. Don’t put times in the schedule because a Scout with autism may expect you to follow it to the minute!
* Let the Scout know about transitions early by saying, “In five minutes we’ll be ending this activity and starting another.”
* Give the Scout information about new activities ahead of time.
* Break up tasks into smaller steps.
* Alert the Scout’s parents if there is going to be an activity that may cause sensory difficulties for their son. Consider moving noisy activities outside where the noise can dissipate.
* If the Scout has issues with food taste and texture, carefully plan the menus around these issues so the Scout can eat the same things as other members of the unit as much as possible.

**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.
* Some youth get really fidgety really enjoy an offer to take a lap around the church yard while everyone else continues the conversation. It isn’t a punishment, it is an invitation to take advantage of an accommodation, 2 minutes of “me time.”
* Some youths don’t appear to be paying attention because they are not looking at the speaker or appear to be fidgeting with something. When you ask them a question, however, they often know exactly what has been said. Find ways to let these scouts “do their thing” as long as it is not distracting others, such as by having them sit in the third row or stand to the side instead of sitting in the first row. Gauge their comprehension by asking them questions and giving them more opportunities to demonstrate something, rather than depending on their visual cues and body language.
* 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.

**Goals to Measure the Effectiveness of the Disabilities Procedures**

**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.

**Providing Encouragement:**

* Build self-esteem in the scout, by rewarding more than you criticize the scout.
* 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.

**Giving Instruction to Youth with Disabilities**

* Maintain eye contact during verbal instruction (except when the Scout’s culture finds this inappropriate).
* Bending down to speak to a wheelchair user is patronizing and should be avoided at all costs. If you find it difficult to maintain eye contact while standing, pull up a seat.
* 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.

**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 Membership and Advancement**

**Membership Requirements for Registration Beyond the Age of Eligibility**

In order for an individual to qualify for registration beyond the age of eligibility, the individual's disability must be permanent and so severe that it precludes advancement even at a rate significantly slower than considered typical.

This is the link to form to request registration beyond the age of eligibility. [Request for Registration Beyond the Age of Eligibility](https://filestore.scouting.org/filestore/pdf/512-935_wb.pdf).

The medical condition of all candidates for membership beyond the normal registration age must be certified by a licensed health-care provider. Use the Annual BSA Health and Medical Record, No. 680-001. Any corrective measures, restrictions, or limitations must be noted. In the case of candidates with cognitive disabilities 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 alternative requirements and the Individual Scout Advancement Plan form link is listed below for Cub Scout, Scout, Venture Scout, and Sea Scouts.

**Alternate Requirements for Special Needs Scouts**

**CUB SCOUTS**

Cub Scouts: The Cubmaster and or pack committee may make suitable substitutes for electives which are outside the capabilities of the Cub Scout when determining their advancement.

The Cubmaster should include the parents and other relevant individuals such as teachers or physicians, (only with the parents’ permission or direction) who can help the pack with any modifications to help the Scout succeed.

The Scout may require regular monitoring and modifications to his program to assure their success.

**The Only Standard should be “HAVE THEY DONE THEIR BEST?”**

**Scouts BSA**

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 with the assistance and recommendation of the unit leadership to complete alternative requirements. This is the form that would be completed for this request: [Individual Scout Advancement Plan](https://filestore.scouting.org/filestore/pdf/512-936_wb.pdf)

Alternatives are not available for the Star, Life, and Eagle rank requirements; Scouts may request approval for alternative Eagle-required merit badges, but the other requirements for those ranks must be fulfilled as written.

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.

***(Special Note: The substitution of “trip” for “hike” in the footnote to Second Class requirement (1b) does Not require the procedure listed above. That substitution may be permitted by the unit leaders based on their understanding of the Scout’s physical condition.)***

[Facts Sheet - Scouts with Special Needs](http://www.ncacbsa.org/wp-content/uploads/2019/04/2019-Fact-Sheet.pdf) is a link to a fact sheet which includes details and forms for all scouts with disabilities.

**EAGLE AWARD**

The candidate must have earned as many of the required merit badges as their ability permits before applying for an alternate merit badge.

The unit leader and the board of review must explain that to attain the Eagle Scout rank a candidate is expected to do their best in developing themselves to the limit of their resources.

The application must be approved by the council committee responsible for advancement, utilizing the expertise of professional persons involved in Scouting for the disabled.

The Application for Alternative Eagle Scout Rank Merit Badges must be completed prior to qualifying for alternative merit badges. (This application, No. 512-730, is available on the Baltimore Area Council BSA website at [Application for Alternative Merit Badges](https://www.baltimorebsa.org/program/advancement/registration-and-advancement-for-scouts-with-special-needs/scouts-with-disabilities/alternate-merit-badges-for-the-eagle-scout-rank/39192).)

**Below are the procedures for applying for alternative requirements**

**Step 1—Do as Many Standard Requirements as Possible.**

Before applying for alternative 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 cognitive 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 Alternative Requirements.**

A written request must be submitted to the council advancement committee for the Scout to work on alternative requirements for Tenderfoot, Second Class, and First-Class ranks. The request should include the standard requirements the Scout has completed and the suggested alternative requirements for those requirements the Scout cannot complete. This request should be completed with the unit advancement coordinator and 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.

**Alternative Merit Badges for the Eagle Scout Rank**

1. By qualifying for alternative 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 alternative merit badges chosen must demand as much effort as the required merit badges.

7. When alternatives chosen involve physical activity, the activities must be approved by the Scout’s licensed health-care provider.

8. 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.

9. 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.

10. The candidate’s application for Eagle Scout rank must be made on the Eagle Scout Rank Application, with the Application for Alternative Eagle Scout Rank Merit Badges attached.

Scouts with permanent disabilities may register beyond the age of eligibility, e.g., beyond the age of 11 for Cub Scouts, 18 for Boy Scouts, or 21 for Venturers.

**Resources Available from the 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:

* How to work with a scout with a disability is available on the BSA website at ([The Unit Leader’s Role in Supporting a Scout with a Disability](https://www.scouting.org/resources/disabilities-awareness/inclusion-toolbox/unit-leaders-role-inclusion-toolbox/).)
* The Baltimore Area Council Resources for Working with Scouts with Special Needs is available at ([Scouts with Disabilities](https://www.baltimorebsa.org/OpenRosters/ViewOrgPageLink.aspx?LinkKey=38866&orgkey=749).)
* Scouts with Disabilities fact sheet, No. 02-508  Boy Scout Handbook in large print. Boy Scout Division, 972-580-2539  Scouting for Youth with Disabilities, No. 34059
* Woods Services 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.) See Guide to Advancement, No. 33088, section 10.2.4.1, for details.
* Torch of Gold certificate, No. 33733 (for local council use in recognizing adults for outstanding service to youth with disabilities) See Guide to Advancement, No.33088, section 10.2.4.2, for details.
* Disabilities Awareness merit badge pamphlet, No. 33370
* Application for Alternative 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; Website: 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; Website: 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; Website: 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; Website: www.national braille.org.
* Boy Scout Handbook and merit badge pamphlets are accessible by online libraries through a partnership with BookShare. c/o Benetech; 480 South California Ave.; Palo Alto, CA 94306; telephone: 650-392-0198; Website: www.bookshare.org