BOY SCOUTS OF AMERICA®
THE SPIRIT OF ADVENTURE COUNCIL

District: _____ Town: _____

Unit Type (P/ T/ C): _____ Unit Number: _____

Scouts in Unit: _____ # Scouts with special needs: _____

Your Name: _____ Phone number: _____

Position: _____ E-mail: _____

☐	ADD/ ADHD	☐	Muscular Dystrophy
☐	Autism Spectrum	☐	Obsessive Compulsive Disorder
☐	Cerebral Palsy	☐	Panic or Anxiety Disorder
☐	Down Syndrome	☐	Post Traumatic Stress Disorder
☐	Emotional/ Behavioral Disorder	☐	Speech impairment
☐	Epilepsy	☐	Spina Bifida
☐	Hearing impairment	☐	Tourette's Syndrome
☐	Learning Disability	☐	Visual impairment
☐	Mobility impairment	☐	(Other) _____

Please state any specific information concerning disabilities or special needs that you need to perform your leadership role more effectively.
