

Mobility support needed

Wheelchair/scooter: \_\_\_\_\_

Walking stick/crutches: \_\_\_\_\_

Visual adaptations needed: \_\_\_\_\_

Fine motor skills: \_\_\_\_\_

Behavioral support needed: \_\_\_\_\_

Learning support needed: \_\_\_\_\_

Hearing adaptations needed: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Please list any specific information that you would like the Council Special Needs and Disability Committee to know about your Scouts and your unit:

\_\_\_\_\_

\_\_\_\_\_

Would you or someone in your unit like to be contacted by the Council Special Needs and Disability Committee for support or information? If so, who should be contacted?

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