

**SPIRIT OF ADVENTURE  
SPECIAL NEEDS AND DISABILITY SURVEY**

***All information is confidential. This information will be used to assist your unit with any needs you may have to help your Scouts be successful.***

District: \_\_\_\_\_ Town: \_\_\_\_\_

Unit Type (P/T/C) \_\_\_\_\_ Unit Number: \_\_\_\_\_

# Of Scouts with Special Needs if known: \_\_\_\_\_

How many of your scouts fall under each special need or disability category (use your best estimate)

Parent/Aid needed: \_\_\_\_\_ Sensitive to load noises: \_\_\_\_\_

Sensitive to crowded spaces: \_\_\_\_\_ Seizures: \_\_\_\_\_

Mobility support needed Fine motor skills: \_\_\_\_\_

Wheelchair/scooter: \_\_\_\_\_ Behavioral support needed: \_\_\_\_\_

Walking stick/crutches: \_\_\_\_\_ Learning support needed: \_\_\_\_\_

Visual adaptations 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:

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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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Form completed by:

Your Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

***For additional information, or questions, please contact Scott Hellen, Chair Council Disabilities Awareness,  
scotthellen63@gmail.com***