Special Needs Scouting Survey
Westchester-Putnam Council, BSA
www.wpcbsa.org/SNScouting
SNScouting@wpcbsa.net

Since its founding in 1910, the Boy Scouts of America (BSA) has had fully participating members with physical, mental, and emotional disabilities. Scouting gives youth with disabilities and special needs the opportunity to participate with other youth. The BSA encourages the inclusion of Scouts with disabilities and special needs in ALL units.

The purpose of this survey is to better understand both how our units are engaging boys with special needs as well as the extent, demographics, and population of the special needs youth in the Westchester-Putnam Council in order to improve training to unit leaders.

It has been estimated that up to 18,000 special needs individuals live in Westchester County alone. This information will help us better serve our special needs scouts at the Council level, and provide our leaders with improved resources and training to better serve our youth.

Please complete the survey to the best of your ability and return to SNScouting@wpcbsa.net
(Please complete all areas & write legibly!)

Feedback Welcomed !! = SNScouting@wpcbsa.net

Date: _______________________________  Unit #: ________________________________  District: ________________________________

Unit #/ Town:  15 White Plains  # Registered Scouts in Unit:  25

# Scouts with Special Needs:  5

Your Name:  John Scoutmaster

Your Position:  Scoutmaster

Phone #:  914-111-5555

Email:  sgscoutmaster@gmail.com

UNIT ENGAGEMENT:
Do you have a process for identifying scouts with both visible and invisible special needs? Y / N no
Do you engage parents at intake to discuss allergies, medications, and in-school support? Y / N yes
Do you review scouts’ medical forms? Y / N yes
Do you have an adult in your unit trained as a liaison to the Special Needs Scouting Committee? Y / N No
Do you make accommodations in your program for scouts with special needs? Y / N yes

SPECIAL NEEDS DEMOGRAPHICS:

#Scouts

Developmental Disabilities
___Autism Spectrum
___ADHD
___Down Syndrome
___Learning Disabilities
___Speech Impairments

Emotional Disabilities
___Depression
___Emotional Disabilities
___Obsessive Compulsive Disorder
___Panic or Anxiety Disorder
___Post Traumatic Stress Disorder

Other Disabilities
___Please specify: ___________________________________________________
___Please specify: ___________________________________________________

#Scouts

Physical/Neurological Disabilities
___Asthma
___Brain or Spinal Chord Injury / Paralysis
___Cerebral Palsy
___Cystic Fibrosis
___Epilepsy
___Hearing Impairments
___Heart Condition
___Hemophilia
___Multiple Sclerosis
___Muscular Dystrophy
___Physical Abnormality
___Spina Bifida
___Tourette’s Syndrome
___Visual (severe) Impairments

Dietary Issues (multi-challenged scouts only)
___Diabetes
___Food Allergies

1 How many scouts face multiple challenges?
3 Number of your scouts that have additional support services at school.
12 Number of your special needs scouts who have earned Arrow of Light/ Eagle Scout/ Summit Award.