



# THREE FIRES COUNCIL SPECIAL NEEDS SCOUTING SURVEY

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

The purpose of this survey is to better understand the extent, demographics, and population of special needs in the Three Fires Council. This information will help us to better serve our special needs scouts, and provide our leaders with resources and training to better serve our youth.

**Please complete the survey to the best of your ability, and return with your re-chartering packet.**

### # Scouts in your unit

_____ ADHD	_____ Mobility Impairments
_____ Autism / Aspergers	_____ Speech Impairments
_____ Learning Disabilities	_____ Hearing Impairments
_____ Emotional Disabilities	_____ Visual Impairments
_____ Anxiety or Panic Disorder	_____ Food Allergies
_____ Tourette's Syndrome	_____ Down Syndrome
_____ Multiple Diagnosis	_____ & _____
	<small>List 2 Most Prevalent</small>
_____ Other	_____
	<small>List Other Here</small>

**UNIT #:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**# Scouts in Unit:** \_\_\_\_\_ **# Scouts w/Special Needs:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*To fill out electronically please go to the following link.....* <https://www.surveymonkey.com/r/YF2JQ6D>

## Disabilities Membership Survey Instructions

### “How to fill out the Survey”

- \* Please fill out your identifying information in the first section for unit identification and so that we may contact you if there are any questions.
- \* Please count each Scout **ONLY ONCE!!**
- \* If your Scout has multiple disabilities, please note it in the last section titled, “Multiple Coexisting Disabilities.” On the first line, please list the total number of Scouts, and on the line next to that, please list the coexisting (multiple) disabilities the Scout has.
- \* Please **DO NOT** list any Scout names on the survey.
- \* Please direct any questions to your District Special Needs Committee Chair or DE.

#### This information helps us:

- Know which training may need to be provided to a particular district or unit
- Provide units with additional resources and supports where needed
- Identify projects we may need to work on at a council level to make scouting accessible to all
- Determine need when writing grants and fundraising requests for adaptations or awareness events
- Gain knowledge of areas affecting membership and retention

#### Please Note:

We are not asking for any personal identifying information of the Scouts in your unit, only numbers. “The HIPAA Privacy Rule regulates the use and disclosure of **Protected Health Information (PHI)** held by ‘covered entities’ (generally, health care clearinghouses, employer sponsored health plans, health insurers, and medical service providers that engage in certain transactions.”

“**Protected health information (PHI)** is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual.”

Thank you for taking the time to fill out this survey.

*TFC Special Needs Committee*

**Sherry Herzog** TFC Special Needs Committee Chair