INTRODUCTION to WORKING WITH

Scouts With Special Needs and Disabilities

BOY SCOUTS OF AMERICA®

INTRODUCTION

Since its founding in 1910, the Boy Scouts of America has had fully participating members with physical, mental, and emotional disabilities. The first Chief Scout Executive, James E. West, had a disability.

While there are units composed exclusively of Scouts with disabilities, experience has shown that Scouting works best when these Scouts are fully integrated.

The best guide to working with Scouts who have special needs and disabilities is to use common sense. It's obvious that a Scout in a wheelchair may have problems fulfilling a hiking requirement, but it might not be so obvious when it comes to a Scout with a learning disability. Use the resources around you. Begin with the Scout and the Scout's parents or guardians; seek guidance from them on how best to work with the Scout. You might ask the Scout's parents or guardians about seeking help from the Scout's teacher, doctor, or physical therapist. Each Scout with special needs will need a custom approach. If the unit is short on volunteers and parental assistance, ask the Scout's parents or guardians to help, or assign one or more skilled, older Scouts to be of assistance, if appropriate. It will take patience, but the rewards will be great—for you and for the members of your unit.

Camp Facilities

The Boy Scouts of America's national camp standards require councils to include Scouts with special needs in camp programs to the extent that it is practical and safe. These standards are available at https://filestore.scouting.org/filestore/outdoor%20program/pdf/430-056.pdf. To the extent it is practical, facilities should be built or modified to be accessible to those with special needs. In some instances, such as Scout offices, these changes may be legally required. Concerning accessibility, all areas should be considered for Scouts and leaders with special needs, including sleeping areas, dining areas, toilets, bathrooms, and program facilities. Accessibility may require installing ramps, repositioning shelves and furniture, widening doorways, rearranging toilet partitions, and installing accessible cup dispensers at water fountains. While outdoor facilities present unique accessibility challenges, many may be overcome with planning and accommodation in mind.

Scouting Is for All

Article V of the Rules and Regulations of the Boy Scouts of America reads: "**Special Registration Status.** The Chief Scout Executive may authorize guidelines and policies governing the registration of persons with special needs to accommodate those who are deemed qualified for special registration status outside of the otherwise prescribed program age requirements."

Scouts With Disabilities

The basic premise of Scouting with disabilities is that everyone wants to participate fully and be treated and respected like every other member of the unit. Scouts with disabilities should be given opportunities to camp, hike, and take part in other unit activities based on their capabilities and safety. Some Scout camps and public campgrounds have accessible campsites that can accommodate individuals with disabilities. Camp operations may be able to work with the unit leadership to design a program for Scouts with disabilities if given adequate advance notice. Using accessible facilities is an invitation for Scouts with disabilities to feel welcome and able to fully participate.

Many Scouts with disabilities can accomplish the basic skills of Scouting, but they may require extra time to learn them. Working with these Scouts can require patience and understanding on the part of unit leaders and other Scouts. A clear and open understanding should exist between the unit leadership and the parents or guardians of a Scout with a disability. Both may be required to give extra effort, but in both cases, the effort will be well worth it. See the section titled "Pre-Joining Conference" for details to discuss. Many Scout units do not have leaders who have expertise in working with Scouts with disabilities, so a parent or guardian may be required to attend unit activities, especially those that might require strenuous physical effort or those that occur over an extended period of time, such as an overnight campout or summer camp.

Unit leaders should understand the limitations and strengths of the Scout and, in some cases, may need additional guidance regarding the extent of appropriate physical activity from the Scout's health-care provider, physical therapist, or teacher, in addition to the parents or guardians. It is always best for the parents to be actively engaged in these discussions, which may need to be ongoing.

Before a Scout with a disability joins a unit, the unit leader (with permission from the parent or guardian) may need to explain to the members of the unit what they should expect. Explain the disability, the treatment, and any likely reactions that might occur. Stress that the new Scout should be treated like any other new Scout but that unit members should be sensitive to the Scout's needs. Experience has shown that a Scout with a disability can have a positive impact on a Scout unit, and the other Scouts take great pride in that Scout's accomplishments.

Council Disabilities Awareness Committee

A local council may have a disabilities awareness committee whose function is to better serve Scouts with disabilities. The committee can work with institutions to charter special units and/or with traditional units that may have one or more Scouts with disabilities.

The committee can also support efforts to make camping areas and unit facilities more accessible and barrier-free, as well as identify resources, such as sign language interpreters for hearing-impaired Scouts, tapes and Braille literature for visually impaired Scouts, and adults with special skills who might be willing to serve as advisors and tutors. The committee may also act as an advocate for Scouts with disabilities with the council advancement committee to develop alternate requirements for Scouts. The primary guidelines for membership and advancement for Scouts with disabilities can be found in the *Guide to Advancement*, No. 33088, Section 10, available at https://filestore.scouting.org/filestore/pdf/33088.pdf.

Other duties of a council disabilities awareness committee could include presenting awards and recognitions to Scouters who have performed extraordinary service in working with Scouts with disabilities, organizing new units, and promoting increased awareness of disabilities through activities and events.

Pre-Joining Conference

It is recommended that, prior to any pre-joining conference, the unit leader review Scouting's Barriers to Abuse in the *Guide to Safe Scouting*. See that applicable information, including *How to Protect Your Children From Child Abuse: A Parent's Guide,* is shared with the prospective Scout's parents.

Prior to joining a unit, the prospective Scout and his or her parents or guardians should meet with the unit leader to explain the prospective Scout's special needs. The prospective Scout should be present at the pre-joining conference, so he or she, the parents or guardians, and unit leadership can define expectations.

Allow the prospective Scout to self-advocate as much as possible. The following are some of the issues that should be discussed during a pre-joining conference.

The unit leader should attempt to obtain a general picture of the prospective Scout's abilities (strengths and weaknesses). Topics that should be discussed include special needs that might arise at meetings, campouts, and field trips; special assistance equipment that the prospective Scout uses; and the level of support the unit can provide, the Scout can expect, and the parents may be required to furnish for the Scout to participate in Scouting activities. Finally, there should be a discussion of the prospective Scout's emotional and educational capabilities, with an understanding of the limitations the prospective Scout's disabilities may present on participation. The Scout's parents and leaders can define expectations so that the Scout, his or her family, and the unit can maximize the program opportunities and experiences.

The unit leader should discuss physical limitations with the parents or guardians and the prospective Scout. The Annual Health and Medical Record, No. 680-001, should be filled out completely and kept on file with the unit leader. Parents and leaders must have mutual understanding and agreement on the levels of participation a physically disabled Scout may engage in. The discussion must include adaptive equipment, health, and hygiene and to what extent the unit can support these needs. With an attitude that accommodation is achievable, a remarkable level of participation and a positive Scouting experience can be promised to almost every Scout.

Addressing Behavioral Issues

Parents or guardians should be asked about behavioral issues. The unit's code of conduct should be discussed with the parents or guardians and the prospective Scout. The unit leader, with input from the parents or guardians and other adult leaders, should determine how to maintain appropriate behavior. The unit leader should explain disciplinary procedures (such as sitting out games, suspension from a unit meeting or campout, etc.) to the prospective Scout and to the parents or guardians. The unit's code of conduct should be provided as well as information on how to access other Scouting resources.

Diet and Eating Problems

Any special diets or restrictions, food allergies or intolerances, and chewing or swallowing problems must be explained to the unit leader. If Scouts will be preparing food, they should be informed of dietary needs so those needs can be accommodated in unit meal planning. If a special diet is necessary, food for activities should be provided by the parents or guardians unless prior arrangements are made with program staff.

Living Skills/Hygiene

The Scout's ability to attend to personal needs, and any special help the Scout might require in this area, should be discussed with parents or guardians. A person with legal responsibility for the care of the Scout (parent, guardian, or caregiver) should—and in some cases must—be available to ensure the Scout's well-being and safety.

Transportation

Transportation to and from unit meetings and activities is the parents' or guardians' responsibility.

Unit Operation

The unit leader must explain the Scouting program and emphasize why advancement (at whatever rate possible) is important to the Scout. Parents or guardians should be encouraged to reinforce their Scout's activities. If special advancement accommodation will be required, the Individual Scout Advancement Plan, No. 512-936, should be discussed during the initial conference.

Medical Contact Information and History

In addition to standard health and medical information, leaders may need to have additional information about specialized health issues, including medicine, after-hours access to health-care providers, and emergency procedures.

Note that the following are suggested starting points for working with Scouts with disabilities. For additional information regarding what works best with a Scout who has a specific disability, please collaborate with the parents or guardians and refer to the appropriate resources in the "Resource Organizations" section.

I. Leadership Techniques

- Scout leaders prepare for problems and plan accordingly. They attempt to be aware and knowledgeable of the special needs of each of their Scouts. Everyone has different needs. Leaders must be able to recognize when and what type of assistance may be required.
- Give the Scout respect, and help the Scout gain the respect of others. This will be much easier to do if you know the Scout and his or her parents or guardians, as well as the Scout's background, likes, and dislikes. Remember, any behavior that presents difficulties is a force that can be redirected into more acceptable pathways—rather than erased and rebuilt.
- A small word of praise for a job well done can mean a lot to a Scout who receives little elsewhere. Judge accomplishment by what the Scout can do, not by what someone says the Scout must do or by what you think he or she cannot do.
- Rewarding achievement will likely cause that behavior to be repeated. Reward can be in the form of a thank-you, a recognition made by the group for helping them perform at a higher level, a badge, a prize, or a chance to go on a trip. Focus rewards on proper behavior and achievement.
- The Scout and the Scout's parents or guardians should not use the Scout's disability as an excuse for not trying. Expect the Scout to give his or her best effort.

II. Giving Instruction to Scouts With Disabilities

- Maintain eye contact during verbal instruction (except when this is inappropriate in the Scout's culture or if this is not possible).
- Make directions clear and concise. Be consistent with instructions.
- Simplify complex directions. Give one or two steps at a time.
- Make sure the Scout comprehends the instructions before beginning the task.
- Repeat instructions in a calm, positive manner, if needed.
- Help the Scout feel comfortable with seeking assistance.
- Encourage other Scouts to actively participate in helping disabled Scouts become enabled—it will be rewarding for both parties.

III. Providing Supervision and Discipline

- Listening is an important technique that means giving the Scout an opportunity to express himself or herself. Whether as a part of the group or in conversation, be patient, be understanding, and take seriously what the Scout has to say. Keep yourself attuned and use phrases like, "You really feel that way?" or "If I understand you right."
- Address behavioral problems that radiate potential, undue criticism or bullying. Remember, often the behavior is a manifestation of the disability, and positive constructive responses are more effective.
- Remain calm, state the infraction of the rule, and avoid debating or arguing with the Scout.
- When a Scout is behaving in an unacceptable manner, try the "timeout" strategy or redirect the Scout's behavior.
- Administer consequences immediately and recognize proper behavior frequently.
- Make sure the discipline fits the offense and is not unduly harsh.
- Enforce unit rules consistently.
- Do not reward inappropriate behavior. Praise when the Scout exerts real effort, even if unsuccessful, and/or when he or she shows improvement over a previous performance. **Never praise falsely.**
- Do not accept blaming others as an excuse for poor performance. Make it clear that you expect the Scout to answer for his or her own behavior.
- Behavior is a form of communication. Look for what the behavior is saying (i.e., does the Scout want attention?).

Appendix A: Descriptions of Types of Disabilities

The following list describes some disabilities that are common. This list does not include all disabilities, and the descriptions are by no means complete or comprehensive. In addition, they are not intended for the purpose of performing medical diagnosis, but merely present an introduction.

Anxiety Disorders. It is helpful to understand the meanings of *fear* and *anxiety* and how they differ. Fear is the emotional response of real or perceived imminent threat, whereas anxiety is anticipation of future threat. These definitions may be similar, yet a person with an anxiety disorder will display a more intense response, resulting in fight or flight. They may feel as if there is immediate danger and then may be more cautious or avoidant in situations. There are many different disorders that fall under this category. The common characteristics typically seen are difficulty controlling worry, restlessness or feeling on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance. These characteristics result in difficulty with social interaction and performing ordinary tasks.

Attention Deficit Hyperactivity Disorder (ADHD). A neurodevelopmental disorder that can affect attention, impulse control, and activity. This disorder is characterized by a pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning. A person with inattentive ADHD may demonstrate these characteristics: difficulty with attention to detail, doesn't appear to listen, doesn't follow through on instructions, fails to finish tasks, difficulty with organization, and struggles to remain engaged in tasks that require sustained mental effort. A person with hyperactivity and impulsivity can exhibit the following: often fidgets, gets up from seat in situations when remaining seated is expected, frequently runs about or climbs in situations where it is inappropriate, unable to engage in leisure activities quietly, talks excessively, often "on the go," blurts out answers, interrupts, and has difficulty waiting to take turns. A person can have one or more of these characteristics of ADHD.

Autism Spectrum Disorder. A neurological disorder in which signs appear in early development. Autism is a spectrum disorder that represents a range of functioning. The severity of this disorder is based on social communication impairments that the individual manifests. Common characteristics can include difficulty with communication, abnormal social approach, inability to maintain relationships, difficulty with social interaction, repetitive behaviors, inflexibility, and sensory challenges.

Cerebral Palsy. A neurological disorder resulting from brain damage or brain malformation. *Cerebral* refers to the brain and *palsy* to a lack of control over muscles. Symptoms range from slight awkwardness of gait to more uncontrolled movements and difficulties seeing, speaking, swallowing, and hearing. Cerebral palsy should not be associated with cognitive disabilities.

Depressive Disorders. There are many different disorders that fall under this category. Common characteristics are the presence of sad, empty, or irritable moods; low self-esteem; poor concentration; sleep issues (either insomnia or excessive sleep); appetite issues; and a lower interest or lower pleasure in activities. These characteristics result in difficulty with social interaction and performance of everyday tasks.

Hearing Loss/Deafness. Loss of hearing may happen early in infancy or anytime throughout someone's life. The hearing deficit can be mild to profound. Some causes of hearing loss include certain medications, injuries, or diseases that damage the auditory system. The person's speech may be difficult to understand if the hearing loss occurred early in life and is significant. People with hearing loss often use sign language or read lips to help communicate and understand others. Hearing aids and cochlear implants can greatly improve hearing and communication for many.

Intellectual Disabilities (also known as cognitive disabilities). This disorder begins during early childhood development and can impact both intellectual and adaptive functioning. Children with Down syndrome have an intellectual developmental disorder. The characteristics of this disability are deficits in reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, personal independence, and social responsibility. Without ongoing support, there can be difficulty in daily life functions, such as communication, social participation, and independent living. The level of severity can be mild, moderate, severe, or profound.

Language Disorder. This disorder is characterized by persistent difficulties in learning the skill of and use of language in many facets, such as spoken, written, or sign language. This can be observed as reduced vocabulary, limited sentence structure, or inability to use vocabulary and connect sentences to explain or describe a topic. Language ability is below that of same-aged peers.

Learning Disability. A learning disability involves difficulties in learning and using academic skills. Difficulties can include inaccurate or slow word reading; difficulty understanding the meaning of what is read; and difficulty with spelling, written expression, number sense, calculation, or mathematical reasoning. These skills are substantially below those of same-aged peers. The severity of the learning disability can be mild, moderate, or severe.

Multiple Sclerosis. This chronic, progressive disease of the neurological system affects important functions of daily living such as walking, talking, seeing, eating, tying a shoe, opening a door, etc. There is no known cure, and the cause has yet to be found.

Muscular Dystrophies. A general designation for a group of chronic diseases; the most prominent characteristic is the progressive degeneration of the muscles.

Physical Disability. An impairment that hampers physical, vocational, and community activities.

Seizure Disorders. A disorder in which abnormal electrical signals in the brain cause abnormal sensations or behavior, or sometimes convulsions and muscle spasms. Seizures can range from mild to severe. Loss of consciousness can occur with severe seizures. Epilepsy is diagnosed when a person has more than one seizure that is unprovoked. Medications may be able to help control seizures.

Speech Disorder. Difficulties with speech sound production that interfere with verbal communication of messages. The lack of effective communication can affect social participation, academic achievement, or occupational performance.

Spinal Cord Injury. Paralysis of parts of the body, usually the result of an accident.

Traumatic Brain Injury. An injury to the brain by an external physical force, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior. Impairments may be temporary or permanent.

Visual Impairment. Decreased ability to see. An individual who is legally blind can see no more at a distance of 20 feet than a person without visual impairments can see at a distance of 200 feet. Functional blindness is generally defined as the inability to read newspaper type even with the best possible corrective lenses, or to perform ordinary tasks necessary to daily living.

If a Scout or Scouter has any of the following disabilities, these ideas might be helpful. Always ask if he or she needs or wants help. Ask *how* you can help.

Attention Deficit Hyperactivity Disorder

Unit leaders can have a positive effect on children with attention deficit hyperactivity disorder (ADHD). Here are some ways leaders can help.

- Structure Scout meeting time, activities, and rules so that the Scout with ADHD knows what to expect. Post a calendar of events.
- Be positive. Praise appropriate behavior and completion of tasks to help build the Scout's self-esteem.
- Be realistic about behavior and assignments. Many children with ADHD simply can't sit for long periods or follow detailed instructions. Make learning interesting with plenty of hands-on activities.
- Monitoring behavior through charts that explain expectations for behavior and rewards for reaching goals can help the Scout stay focused and provide positive reinforcement.
- Test the Scout's knowledge and not just his or her ability to take tests. Testing orally or in several short testing sessions might help.
- Parents need to be involved despite progress.
- People working together can make a big difference. The Scout's parents or guardians should work closely with the Scout's leaders to develop an Individual Scout Advancement Plan for the Scout.
- Be sensitive to the Scout about taking medication. Show respect for the Scout and address medications out of earshot of others.
- Simplify complex directions. Give one or two steps at a time.

Autism Spectrum Disorder

- Provide consistent, predictable structure. Be patient.
- Allow extra time for activities.
- Provide a visual schedule using words and pictures. All Scouts will find this useful. Don't put times in the schedule because a Scout with autism may expect you to follow it to the minute!
- Let the Scout know about transitions early by saying, "In five minutes we'll be ending this activity and starting another."
- Give the Scout information about new activities ahead of time.
- Break up tasks into smaller steps.
- Alert the Scout's parents if there is going to be an activity that may cause sensory difficulties for the Scout. Consider moving noisy activities outside where the noise can dissipate. If the Scout has issues with food taste and texture, plan the menus around these issues so the Scout can eat the same things as other members of the unit as much as possible.

Hearing Loss

- Make sure you are facing a person with hearing loss and that he or she is looking at you before you begin to talk to make lip-reading easier.
- Speak slowly and enunciate clearly, but do not exaggerate your speech.
- Use gestures to help make your points.
- Ask for directions to be repeated or watch to make sure directions were understood correctly.
- Use visual demonstration to assist verbal direction. Use captioning when possible.
- In a large group, remember that it's important for only one person to speak at a time. Avoid noisy situations.
- Speakers should not stand with their backs to the sun or light when addressing people with hearing loss.
- Shouting at a person who has hearing loss does not help. It distorts your speech and makes lip-reading difficult. It is better to speak clearly so the person's hearing device can better transmit what you are saying or so the person can better lip-read.

Learning Disabilities

- In addition to information provided by the parents or guardians in a pre-joining conference, listen and observe carefully to find clues as to how the Scout approaches problems and what the Scout's difficulties are.
- Remember that praise and encouragement can help build self-esteem.
- Let other unit members use their friendship and support to show the Scout that he or she belongs.
- Use short, direct instructions that help the Scout know what is expected of him or her.
- As much as possible, stay with a regular unit schedule, allowing the Scout to help with assigned duties.
- Give the Scout extra time when needed. Don't rush his or her answers. Reword instructions or questions if necessary.

Mobility Impairments

- Remember that people who use adaptive equipment (wheelchairs, crutches, etc.) often consider their equipment an extension of their bodies.
- Don't move equipment out of the person's reach.
- Determine the accessibility of facilities before an event occurs.
- Never pat a person in a wheelchair on the head. This is considered a sign of disrespect.
- Ask how equipment works if you are unfamiliar with it and may be needed to help the Scout. Ask about this during the pre-joining conference and ensure that this information is shared with other leaders (adult and youth) who may work with the Scout.
- Prevent strained necks by standing a few feet away when talking to someone in a wheelchair. It is best to face the individual at his or her eye level.
- Find a place to sit down for long talks.

Speech/Language Disorders

- Stay calm. The person with the speech disorder, e.g., stuttering or difficulty forming words to respond, has been in this situation before.
- Don't shout. People with speech disorders often have perfect hearing.
- Be patient. People with speech disorders want to be understood as badly as you want to understand.
- Don't interrupt by finishing sentences or supplying words.
- Give your full attention.
- Ask short questions that can be answered by a simple yes or no.
- Ask people with speech disorders to repeat themselves if you don't understand.
- Avoid noisy situations. Background noise makes communication hard for everyone.
- Model slow speech with short phrases.

Vision Impairments

- Identify yourself to people with vision impairments by speaking up.
- Offer your arm, but don't try to lead the person.
- Volunteer information by reading aloud signs, news, changing street lights, or warnings about street construction.
- When you stop helping, announce your departure.
- If you meet someone who has a guide dog, never distract the dog by petting or feeding it; keep other pets away.
- If you meet someone who is using a white cane, don't touch the cane. If the cane should touch you, step out of the way and allow the person to pass.
- When speaking to a person with vision impairments, speak normally and be aware that the individual is likely very familiar with the many "vision related" nuances of our language, e.g., "See you later …"

Resources Available From the BSA

To access additional information and resources regarding working with Scouts with special needs and disabilities, please refer to the BSA disabilities awareness webpage: www.scouting.org/disabilitiesawareness

AbleData
103 W. Broad St., Suite 400; Falls Church, VA 22046
Telephone: 800-227-0216 (voice); 703-992-8313 (TTY)
Fax: 703-356-8314
Email: abledata@neweditions.net
Website: www.abledata.acl.gov

American Foundation for the Blind (AFB)
1401 S. Clark St., Suite 730; Arlington, VA 22202
Telephone: 212-502-7600 Fax: 888-545-8331
Email: info@afb.net
Website: www.afb.org

American Speech-Language-Hearing Association (ASHA)
2200 Research Blvd.; Rockville, MD 20850-3289
Telephone: 800-498-2071 (members); 800-638-8255 (non-members); 301-296-5650 (TTY)
Fax: 301-296-8580
Website: www.asha.org

Attention Deficit Disorder Association (ADDA)
P.O. Box 103; Denver, PA 17517
Telephone/Fax: 800-939-1019
Email: info@add.org
Website: https://add.org

Autism Society of America
4340 East-West Highway, Suite 350; Bethesda, MD 20814
Telephone: 800-328-8476
Website: www.autism-society.org

Autism Speaks
1 E. 33rd St., Fourth Floor; New York, NY 10016
Telephone: 646-385-8500;
888-288-4762 (Autism Response Team) Fax: 212-252-8676
Email: familyservices@autismspeaks.org
Website: www.autismspeaks.org

Bookshare
c/o Benetech
480 California Ave., Suite 201; Palo Alto, CA 94306-1609
Telephone: 650-352-0198
Website: www.bookshare.org

Center for Parent Information and Resources (CPIR)
c/o Statewide Parent Advocacy Network (SPAN)
35 Halsey St., 4th Floor; Newark, NJ 07102
Telephone: 973-642-8100
Website: www.parentcenterhub.org

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
4601 Presidents Drive, Suite 300; Lanham, MD 20706
Telephone: 800-233-4050 Fax: 301-306-7090
Website: www.chadd.org

Federation for Children with Special Needs
529 Main St., Suite 1M3 Boston, MA 02129
Telephone: 617-236-7210; 800-331-0688 (in MA)
Fax: 617-241-0330
Email: fcsninfo@fcsn.org
Website: https://fcsn.org/

International Dyslexia Association
40 York Road, 4th floor; Baltimore, MD 21204
Telephone: 410-296-0232 (voice); Fax: 410-321-5069
Website: www.dyslexiaida.org

Learning Disabilities Association of America (LDA)
4156 Library Road; Pittsburgh, PA 15234-1349
Telephone: 412-341-1515 Fax: 412-344-0224
Website: www.ldaamerica.org

National Association of the Deaf
8630 Fenton St., Suite 820; Silver Spring, MD 20910
Telephone: 301-587-1788 (voice); 301-587-1789 (TTY)
Fax: 301-587-1791
Email: nad.info@nad.org
Website: www.nad.org

National Center for Learning Disabilities
32 Laight St., Second Floor; New York, NY 10013
Email: info@ncld.org
Website: www.ncld.org

National Down Syndrome Congress
30 Mansell Court, Suite 108; Roswell, GA 30076
Telephone: 800-232-NDSC
Email: info@ndsccenter.org
Website: www.ndsccenter.org

National Down Syndrome Society (NDSS)
8 E. 41st St., Eighth Floor; New York, NY 10017
Telephone: 800-221-4602 Fax: 646-870-4602
Email: info@ndss.org
Website: www.ndss.org

National Library Service for the Blind and Physically Handicapped (NLS)
The Library of Congress; Washington, DC 20542-4962
Telephone: 202-707-5100 (voice); 202-707-0744 (TDD)
Fax: 202-707-0712
Email: nls@loc.gov
Website: www.loc.gov/nls/

National Rehabilitation Information Center (NARIC)
8400 Corporate Drive, Suite 500; Landover, MD 20785
Telephone: 800-346-2742 (voice); 301-459-5984 (TTY)
Email: naricinfo@heitechservices.com
Website: www.naric.com

TASH
1875 Eye St. NW, Suite 582; Washington, D.C. 20006
Telephone: 202-429-2080 Fax: 202-540-9019
Email: info@TASH.org
Website: https://tash.org

United Cerebral Palsy
1825 K St. NW, Suite 600; Washington, DC 20006
Telephone: 800-872-5827; 202-776-0406
Website: www.ucp.org

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510-071
2018 Printing