

*Through Scouting there are a number of crippled, deaf, and blind boys now gaining greater health, happiness, and hope than they ever had before. Most of these boys are unable to pass the ordinary Scout tests and are supplied with special or alternative tests. The wonderful thing about such boys is their cheeriness and their eagerness to do as much in Scouting as they possibly can. They do not want more special tests and treatment than is absolutely necessary.*

*Scouting helps them by associating them in a world-wide brotherhood, by giving them an opportunity to prove to themselves and to others they can do things – and difficult things too – for themselves.*

Lord Baden Powell, Aids to Scoutmastership, World Brotherhood Edition

All of us involved in scouting believe that we are helping to provide a better “now” for boys. The importance of improving their present is that, by so doing, we help to ensure that they develop into men of higher character and purpose than their fellows who are not in scouting programs. This guided development helps to ensure a better tomorrow for all of us, as today’s youth are tomorrow’s leaders.

It is unfortunate that not all of us enjoy perfect health, or possess all physical capabilities. There are many disabilities that plague us, young and old alike. While we may more readily understand or accept when adults suffer a disability of some sort, most of us find it very disheartening when those misfortunes befall young people. We worry that the quality of their lives is being diminished, or that their potential is being limited by their disabilities. It is important to remember that we have no right to determine whether a young person is so limited, especially if *they* believe they are capable. The onus is on us to do all in our power to help them succeed.

There are Boy Scouts of America councils across the country that have separate districts full of units of youth with special needs, or disabilities. This sort of separation of these boys from youth without special needs may serve varied purposes, from concentration of such youth into units and districts with adult leadership prepared to best help those youth, to grouping youth with a certain disability (e.g., blindness) together to provide better program to those youth regarding safe and fun activities. The BSA’s stated objective, however, is to integrate these youth in standard units whenever practicable. The BSA’s website states:

The basic premise of Scouting for youth with disabilities is that every boy wants to participate fully and be treated and respected like every other member of the troop. While there are, by necessity, troops composed exclusively of Scouts with similar disabilities, experience has shown that Scouting usually succeeds best when every boy is a member of a patrol in a regular troop.

It has been said, and many scout leaders agree, that *every* unit has a special-needs youth. We may think that those youth are benefitting as fully from their membership in our units as every other youth (dependent, of course, on their motivation and involvement), but we may be short-changing some of these youth. Many of the adult leaders I encounter have confided to me that they know that some boys in their units are different from the other boys, and that the difference is more than just youth or immaturity. Those leaders feel that they are at a loss, and are possibly failing those youth, because they do not understand the problems associated with those boys. They want to learn how to handle that fidgety boy who is unable to sit still, unable to remember simple instructions, unable to sustain focus. They know that these are not bad kids, that there is a real medical reason for their apparent bad behavior, and they want to know how to work with these youth to make their program better for them and for the rest of their units.

Learning how to expertly handle boys with special needs would require specialized training, but it is possible to develop understanding of their medical problems and how to work with them. One of the problems facing us as scout leaders is that of disclosure. Troop leaders should know the limitations of the Scout and, in some cases, may need to discuss the extent of physical activity with the health-care provider, in addition to the parents or guardians. Permission of the parent is required to contact the health-care provider. Many parents are reluctant to divulge their child's medical condition, especially if they perceive that such medical problems could lead to ostracism or ridicule. They do not want their son treated differently, or to have him made a special case of. They are uncertain of the capability of the scouting unit's leadership to treat the boy as they would have him treated. It is our mission, however, to do just what they think us incapable of. The burden of learning about some of the special needs these youth exhibit is ours, and the knowledge can help us to understand which methods are helpful and which detrimental in working with these boys. The task is greatly facilitated by the application of common sense and a great deal of patience.

Before a Scout with a disability joins a troop, the Scoutmaster should explain to the members of the troop what they should expect. Explain the disability, the treatment, and any likely reactions that may occur. Stress that the new Scout should be treated like any other new Scout but that troop members should be sensitive to his needs. Experience has shown that a Scout with a disability can have a positive impact on a Scout troop, and the Scouts take great pride in his accomplishments.

There are several groups of disabilities, some of which are readily apparent and some of which are hidden from casual notice. Some of these disabilities include *Learning disabilities* (speech and language problems, dyslexia, and attention deficit disorder), *Physical disabilities* (blindness, hearing impaired), *Mental disabilities* (epilepsy, Tourette's syndrome), and *Developmental disabilities* (autism, Asperger's).

Speech and language problems may cause the sufferer to fail to understand verbal instructions and signals, as well as causing problems with expressing themselves verbally. Written messages may be the best way for these boys to communicate.

**Dyslexia** is a learning disability that impairs a person's ability to read. This may manifest itself not only as difficulty with written material, but also as a difficulty with understanding speech sounds and their meaning, and difficulty with auditory short-term memory. Because of this, they may be perceived to either fail to understand and remember, or to just ignore verbal instructions. Those who suffer from dyslexia may have difficulty naming objects quickly, and so may appear at times to be at a loss for words.

Dyslexic people are visual, multi-dimensional thinkers, who are intuitive and highly creative, and excel at hands-on learning. Because they think in pictures, it is sometimes hard for them to understand letters, numbers, symbols, and written words. Diagrams may therefore be a useful instructional tool for these individuals.

Perhaps the most important aspect of any treatment plan is attitude. The child will be influenced by the attitudes of the adults around him. Dyslexia should not become an excuse for a child to avoid written work. Because the academic demands on a child with dyslexia may be great and the child may tire easily, work increments should be broken down into appropriate chunks. Frequent breaks should be built into lecture and work time. Reinforcement should be given for efforts as well as achievements. Alternatives to traditional written assignments should be explored and utilized.

## **ADHD**

We have all seen or worked with youth with ADHD (attention deficit and hyperactivity disorder). The symptoms of ADHD include inattention and/or hyperactivity and impulsivity, which are traits that most children display at some point or another. With ADHD, however, the symptoms are inappropriate for the child's age.

A person with ADHD may have some or all of the following symptoms:

- difficulty paying attention to details and tendency to make careless mistakes in school or other activities; producing work that is often messy and careless
- easily distracted by irrelevant stimuli and frequently interrupting ongoing tasks to attend to trivial noises or events that are usually ignored by others
- inability to sustain attention on tasks or activities
- difficulty finishing schoolwork or paperwork or performing tasks that require concentration
- frequent shifts from one uncompleted activity to another
- procrastination
- disorganized work habits
- forgetfulness in daily activities (for example, missing appointments, forgetting to bring lunch)
- failure to complete tasks such as homework or chores
- frequent shifts in conversation, not listening to others, not keeping one's mind on conversations, and not following details or rules of activities in social situations

**Hyperactivity** symptoms may be apparent in very young preschoolers and are nearly always present before the age of seven. Symptoms include:

- fidgeting, squirming when seated
- getting up frequently to walk or run around
- running or climbing excessively when it's inappropriate (in teens this may appear as restlessness)
- having difficulty playing quietly or engaging in quiet leisure activities
- being always on the go
- often talking excessively

These conditions are usually treated medically. While some parents and physicians want to stop the child's medication for the summer school break, it is often best for them to continue the medication for summer camp or other outings when an adult other than the parent will be responsible for the child's safekeeping. It is certainly not in anyone's best interest to have a completely unfocused youth involved in high-adventure or shooting sports activities during what should be a safe and fun summertime.

## **Deafness and Blindness**

Some children who have impaired hearing or are completely deaf live in special residential schools, where everyone knows American Sign Language (ASL), while others live at home and attend school and other activities with children who have normal hearing. In a residential school where all the children know the same language, students will be able to interact normally with other students, without having to worry about being criticized. Although this may be true, one reason why inclusion may be beneficial for children is because they will have the opportunity to increase their social skills by interacting with other students without disabilities. Through interacting with these students, children with hearing disabilities can expose themselves to other cultures which in the future may be beneficial for them when it comes to finding jobs and living on their own in a society where their disability may put them in the minority. Also, with being in an inclusive classroom, hearing impaired students are able to immerse themselves in a new culture, while also being able to receive the accommodations and modifications that they need in order to be successful in the classroom. These are some of the major reasons why a person may or may not want to put their child in an inclusion or pull out classroom and some of the issues that go along with it. Many of these same circumstances are applicable to children with visual deficits or complete blindness. These children learn to read Braille in their residential schools, or are taught Braille at home by parents or tutors. BSA makes many publications available in Braille editions, including handbooks for scouts.

## Epilepsy

Epilepsy is a disorder leading to seizures of variable severity. These seizures are generally very frightening to those around the person with epilepsy, who do not know what to do when a seizure happens. In most cases, the proper emergency response to a generalized epileptic seizure is simply to prevent the patient from self-injury by moving him or her away from sharp edges, placing something soft beneath the head, and carefully rolling the person into the recovery position to avoid asphyxiation. In some cases the person may seem to start snoring loudly following a seizure, before coming to. This merely indicates that the person is beginning to breathe properly and does not mean he or she is suffocating. Should the person regurgitate, the material should be allowed to drip out the side of the person's mouth by itself. If a seizure lasts longer than 5 minutes, or if the seizures begin coming in 'waves' one after the other - then Emergency Medical Services should be contacted immediately. Prolonged seizures may develop into *status epilepticus*, a dangerous condition requiring hospitalization and emergency treatment.

Objects should **never** be placed in a person's mouth by anybody - including paramedics - during a seizure as this could result in serious injury to either party. Despite common folklore, it is not possible for a person to swallow their own tongue during a seizure. However, it is possible that the person will bite their own tongue, especially if an object is placed in the mouth.

With other types of seizures such as simple partial seizures and complex partial seizures where the person is not convulsing but may be hallucinating, disoriented, distressed, or unconscious, the person should be reassured, gently guided away from danger, and sometimes it may be necessary to protect the person from self-injury, but physical force should be used only as a last resort as this could distress the person even more. In complex partial seizures where the person is unconscious, attempts to rouse the person should not be made as the seizure must take its full course. After a seizure, the person may pass into a deep sleep or otherwise they will be disoriented and often unaware that they have just had a seizure, as amnesia is common with complex partial seizures. The person should remain observed until they have completely recovered, as with a generalized seizure.

After a seizure, it is typical for a person to be exhausted and confused (this is known as post-ictal state). Often the person is not immediately aware that they have just had a seizure. During this time one should stay with the person - reassuring and comforting them - until they appear to act as they normally would. Seldom during seizures do people lose bladder or bowel control. In some instances the person may vomit after coming to. People should not be allowed to wander about unsupervised until they have returned to their normal level of awareness. Many patients will sleep deeply for a few hours after a seizure - this is common. In about 50% of people with epilepsy, headaches may occur after a seizure. These headaches share many features with migraines, and respond to the same medications.

## Tourette Syndrome

**Tourette Syndrome** (or TS) is a neurological disorder which becomes evident in early childhood or adolescence before the age of 18 years. Tourette syndrome is defined by multiple motor and vocal tics lasting for more than one year. The first symptoms usually are involuntary movements (tics) of the face, arms, limbs or trunk. These tics are frequent, repetitive and rapid. The most common first symptom is a facial tic (eye blink, nose twitch, grimace), and is replaced or added to by other tics of the neck, trunk, and limbs.

These involuntary (outside the patient's control) tics may also be complicated, involving the entire body, such as kicking and stamping. Many persons report what are described as premonitory urges -- the urge to perform a motor activity. Other symptoms such as touching, repetitive thoughts and movements and compulsions can occur.

There are also verbal tics. These verbal tics (vocalizations) usually occur with the movements. These vocalizations include grunting, throat clearing, shouting and barking. The verbal tics may also be expressed as coprolalia (the involuntary use of obscene words or socially inappropriate words and phrases) or copropraxia (obscene gestures). Despite widespread publicity, coprolalia/copropraxia is uncommon with tic disorders.

Neither echolalia (echo speech) or coprolalia/copropraxia is necessary for the diagnosis of Tourette syndrome. However, for a confirmed diagnosis of TS both involuntary movements and vocalizations must be present. Echo phenomena are also reported, although less frequently. These may include repeating word of others (echolalia), repeating one's own words (palilalia), and repeating movements of others.

Although the symptoms of TS vary from person to person and range from very mild to severe, the majority of cases fall into the mild category. Associated conditions can include attention problems (ADHD/ADD, impulsiveness (and oppositional defiant disorder), obsessive - compulsive behavior, and learning disabilities. There is usually a family history of tics, Tourette Syndrome, ADHD, or OCD. Tourette Syndrome and other tic disorders occur in all ethnic groups. Males are affected 3 to 4 times more often than females.

Most people with TS and other tic disorders will lead productive lives. There are no barriers to achievement in their personal and professional lives. Persons with TS can be found in all professions.

**Asperger's Disorder** is a milder variant of Autistic Disorder. In Asperger's Disorder, affected individuals are characterized by social isolation and eccentric behavior in childhood. There are impairments in two-sided social interaction and non-verbal communication. Though grammatical, their speech may sound peculiar due to abnormalities of inflection and a repetitive pattern. Clumsiness may be prominent both in their articulation and gross motor behavior. They usually have a circumscribed area of interest which usually leaves no space for more age appropriate, common interests.

The lack of demonstrated empathy is possibly the most dysfunctional aspect of Asperger syndrome. Individuals with AS experience difficulties in basic elements of social interaction, which may include a failure to develop friendships or to seek shared enjoyments or achievements with others (for example, showing others objects of interest), a lack of social or emotional reciprocity, and impaired nonverbal behaviors in areas such as eye contact, facial expression, posture, and gesture. Their conversational style often includes monologues about topics that bore the listener, fails to provide context for comments, or fails to suppress internal thoughts. Individuals with AS may fail to monitor whether the listener is interested or engaged in the conversation. The speaker's conclusion or point may never be made, and attempts by the listener to elaborate on the speech's content or logic, or to shift to related topics, are often unsuccessful.

There are units in some councils composed entirely of youth with special needs. These youth have varying abilities and opportunities to earn advancements and achievements readily available to most Scouts. Sometimes, the leaders of these units are healthcare professionals or parents of the youth in the unit, and they are very unfamiliar with Scouting in general. One of the ways other units can help these units and their youth is by contacting the Council office to offer their assistance in working with the special-needs youth. They can use the EDGE method to help the youth with special needs learn new skills, and possibly help them earn advancements. The Scouts who assist the special-needs youth should be apprised of the limitations and known capabilities of the special-needs youth, and they should demonstrate patience and a helpful, understanding spirit. Some special-needs youth have profound disabilities, while

others are quite high-functioning individuals. The Council leaders and the leaders of the unit wishing to assist must discern which youth can most likely be helped, and decide on a case-by-case basis where to expend their efforts.

There are alternative requirements for several rank advancements in Scouting. The BSA National web site discusses these alternative requirements, as well as discussing advancement in general:

**Personal growth is the prime consideration in the advancement program.** Scouting skills—what a young person knows how to do—are important, but they are not the most important aspect of advancement. Scouting's concern is the total growth of youth. This growth may be measured by how youth live the Scouting ideals, and how they do their part in their daily lives.

**Learning by doing.** A Cub Scout, Boy Scout, or Venturer may read about fire building or good citizenship. He/she may hear it discussed, and watch others in action, but he/she has not learned first aid until he/she has done it.

**Each youth progresses at his or her own rate.** Advancement is not a competition among individual young people, but is an expression of their interest and participation in the program. Youth must be encouraged to advance steadily and set their own goals with guidance from their parents, guardians, or leaders.

Advancement is one of the methods used to achieve the aims of Scouting in all four phases of the Scouting program (Cub Scouting, Boy Scouting, Varsity Scouting, and Venturing). The aims of Scouting are character building, citizenship training, and physical and mental fitness.

There are alternative requirements for several advancements. The advancement program is so flexible that, with guidance, most boys can do the skills. It might take longer for a disabled boy to earn his awards, but he will appreciate them more by knowing he has made the effort. The standard for every boy is "Has he done his best?"

"A Cub Scout who is physically disabled may be given permission by the Cubmaster and pack committee to substitute electives for achievement requirements that are beyond his abilities. It is best to include parents in this process of determining substitutions since they are most familiar with their son's abilities.

"Immediate recognition of advancement is even more important for boys with disabilities. The Tiger Cub and Cub Scout Immediate Recognition Kits, the den doodle, and the Den Advancement Chart all help provide immediate recognition in den meetings as achievements and electives are completed. Remember that a month seems like a long time to a boy and that completing requirements for a badge might seem like forever to him. Be sure to give him periodic recognition at pack meetings when he earns a badge.

"While leaders must be enthusiastic about helping youngsters with disabilities, they must at the same time fully recognize the special demands that will be made on their patience, understanding, and skill in teaching advancement requirements.

"All current rank requirements for an advancement award (ranks, merit badges, or Eagle Palms) must actually be met by the candidate. There are no substitutions or alternatives permitted except those which are specifically stated in the requirements as set forth in the current official literature of the Boy Scouts of America. Requests can be made for alternate rank requirements for Tenderfoot, Second Class, and First Class using the information outlined in this chapter. No council, district, unit, or individual has the authority to add to, or to subtract from, any advancement requirements. The Scout is expected to meet the requirements as stated - no more and no less. Furthermore, he is to do exactly what is stated. If it says, "show or demonstrate," that is what he must do. Just telling about it isn't enough. The same thing holds true for such words as "make," "list," "in the field," and "collect, identify, and label."

"Venturing also features an advancement program. To provide a pathway to many different experiences, five Venturing Bronze awards are available, one each for the five emphases—Arts and Hobbies, Outdoor, Sports, Sea Scouting, and Religious Life. The Bronze awards are designed to give a young person experiences from many different paths. A youth can also earn the Venturing Gold Award. The Gold Award program requires outstanding performance in a broad spectrum of activities: citizenship, leadership, service to others, community/family, outdoor experience, and total fitness. It was developed to challenge and motivate young people over an extended period of time.

"The highest Venturing award is the Silver Award. The Silver Award requires proficiency in emergency preparedness, participation in ethics in action, and completion of the Venturing Leadership Skills Course. Gold and Silver awards also require a crew review that includes Venturers and adults.

"There are three advanced levels of recognition that Venturers can earn. The Ranger Award identifies a Venturer who is highly skilled in a variety of outdoor skills, trained in outdoor safety, and ready to lead or assist others. The Quest Award piques the interest of that Venturer who has motivation to address healthy living among Americans as well as promote fitness for all for life.

"The TRUST Award is for Venturers to learn more about themselves, their communities, and their religion and culture, as well as those of others. Working on this award, the Venturer will be required to share what they learn with others.

"In Sea Scouting, the advancement track is from Apprentice to Ordinary to Able. The Quartermaster Award is the highest rank in Sea Scouting. Some Venturers who have been in Boy Scouts may wish to earn the Eagle Scout rank. If they have reached at least First Class rank in a troop, Venturers can work toward Eagle by meeting the requirements as defined in the Boy Scout handbook.

"For more information, see the Venturing Leader Manual and the Sea Scout Manual. They are both a wealth of how-to information and program ideas. They also include a dictionary-like reference guide of Venturing and Sea Scout terms, policies, awards, and program features.

Boy Scouts have the opportunity to earn the Disabilities Awareness merit badge. Some of the requirements for this merit badge is to talk to a Scout or another person with a disability, as well as to visit different places to learn about disabilities and to learn how to make places more accessible for those with disabilities. Please refer to the Disabilities Awareness Merit Badge booklet for more information.

There are multiple web sites available to explain different disorders. I have attempted to provide in this document some important features of several of the more commonly encountered special needs, but this information should by no means be considered authoritative or complete. Please research a condition, discuss it with a healthcare professional, or spend time observing the care of an individual with that condition to better understand it. The following is a good overview of working with scouts with disabilities.

<http://www.wswd.org/>

Guidelines for units wishing to interact with special-needs units.

A good starting point is for the unit to contact the Council Special Needs Scouting Resource Committee, if the Council has one. This committee works with community organizations and advocacy groups to help youth and adults with special needs. The committee should be able to put you in contact with a group with whom your unit can work. There are opportunities to help with youth in Scouting, as well as those not in traditional scouting programs. There are also adaptive units, often led by parents, for youth who live in group homes because of their disabilities. While these youth may not be interested in or capable of hiking or camping, they may be very interested in learning leatherworking, or having some Boy Scouts explain orienteering or mammal study to them. Many subjects studied for merit badges can be explained, or taught, to these youth. When a unit decides to interact with youth with special needs, they should decide how they want that interaction to develop. Do they want to help teach Boy Scouts with autistic disorders how to tie knots, to help those youth earn their first class rank advancement? Do they want to show youth in wheelchairs how to engage in geocaching? The unit must determine the limits of its involvement, and what its goals for the interaction will be.

Once the goals and limits of involvement have been determined, the unit should contact the Council's Special Needs Committee, to ask if they can give them contact information for a group with whom they can work. The purpose and goals of the interaction should be explained to the Committee, so that they can more appropriately match the unit to those groups most likely to be compatible with the desired goals. It is important to remember that preconceived notions about what a certain disability allows or prohibits may be incorrect, and that the person to be contacted would know whether the group to be helped is capable of certain activities. For instance, while the volunteering unit may think it to be unhelpful to try to teach youth with blindness how to tie knots, their mentor may know that those youth can readily learn through tactile sensation, and that they will probably become expert at tying knots. While they cannot see the knot being tied visually, they can feel the correctly tied knot, and this tactile memory may be truer than another youth's visual memory.

Once the unit has contacted the group to be helped, they should prepare for the group interaction. The members of the assisting unit should receive some coaching on how best to work with the group they are to help. A leader from the community organization or advocacy group will probably be glad to provide this coaching, to ensure that both groups have as stress-free and enjoyable a time as possible. The assisting youth should remember that they will need to exhibit patience in working with the special-needs group, as their learning is not like most other youth they know. This experience will be an excellent opportunity for the assisting youth to demonstrate living the helpful, friendly, courteous, and kind points of the Scout Law. It may be helpful for the youth who are to assist the special-needs youth to practice their role, with adult leaders playing the part of the youth to be helped. Alternatively, some of the youth can play that role, and in so doing they may develop greater understanding of the disability. A good exercise is to use blindfolds to have "blind" youth for other boys to help with a skill or task, if the group to be helped suffers from visual impairment.

Should the Council not have a Special Needs Scouting Resource Committee, the unit can directly contact community organizations or advocacy groups. Almost every city has such a group for practically every sort of disability, from epilepsy to spinal cord trauma, to cerebral palsy, to birth defects including those born without limbs. The potential interaction is limited only by how the unit wanting to help others wishes to proceed. The means of contact by the unit should be decided primarily by the youth leadership; consultation with and advisement by the adult leadership should be employed if such action is deemed necessary. If the youth leadership is relatively mature and sensitive, they should make the contact. If the youth leadership is not very good at tactful communication, it may be best for an adult to make the first overture to the other group. This is obviously something to be decided on a case by case basis.

Once the group to be helped has been contacted, arrangements must be made regarding time and place for the groups to meet. The assisting group prepares for the interaction, developing a 'game plan' for how to proceed after having a coaching session with an expert on the disability in question. They meet at the designated place, and carry out their plan of assistance to the best of their ability. If the group interaction goes well, the two groups may decide to meet again, possibly to work on a different skill or activity. The group being assisted may decide to form their own adaptive Scouting unit, with their youth working toward rank advancements like their mentor Scouts are doing. The Scouts who help these special-needs youth can become heroes to those youth, and can be a 'big-brother' unit if both groups want this. The relationship can become a long-term friendship between the groups of youth, and the achievements of either group can become a source of pride for both groups.

#### Guidelines summary:

Step One – The unit determines that they want to help another unit or group, and choose what kind of assistance they wish to offer. This assistance can vary widely, so the unit needs to spend some time to consider their options, survey their strengths, and critically assess their weaknesses before deciding. These processes will help to ensure that the unit is truly capable of helping others learn a skill or concept.

Step Two – The unit contacts their Council's Special Needs Scouting Resource Committee (or appropriate local advocacy group, if there is no such committee at the council level) to offer their assistance in helping others, explaining what they wish to do to help. They are put in contact with a group they can work with. They contact the target group to explain how they wish to help. Arrangements are made for the two groups to meet.

Step Three – The unit to assist others prepares for their interaction. They undergo coaching and role-play exercises as needed to ensure as successful an encounter as possible. They review as a group what needs to happen during the interaction between the two groups, and how best to ensure a positive activity for all involved.

Step Four – The groups meet, and the activity planned is carried out. In the ideal situation, both groups experience great benefit from this interaction. The unit that provided the assistance (perhaps the other group, as well, on their own) has a debriefing session, wherein they assess the interaction to evaluate what went well, and where improvements might be made. Based on this session, they may decide to engage in another such activity with the same or a different group.

Interactions between units of youth without special needs and groups of youth or adults with special needs can help raise understanding between both groups. Scouts without special needs may decide to work toward earning the Disabilities Awareness merit badge after such involvement, or they may consider for the first time career opportunities in fields working with those with special needs. Greater awareness and understanding of special needs helps to promote community in our society, rather than civil aloofness bred by misconception and lack of true understanding of others. It is hoped that these guidelines and the brief descriptions of several commonly-encountered special needs in youth might help serve this purpose.