



Scoutmaster Bucky

DISABILITIES AWARENESS

Merit Badge Workbook

www.ScoutmasterBucky.com

SCOUT'S INFORMATION	MERIT BADGE COUNSELOR INFORMATION
Name _____ Phone _____ Organization _____	Name _____ Address _____ City State Zip _____ Phone _____ Mobile _____ Email _____
WORKBOOK INFORMATION	
Scoutmaster Bucky Workbook based off of <i>Boy Scout Requirements</i> – 2018 Edition Visit www.ScoutmasterBucky.com for more information.	
REQUIREMENT 1A: DEFINE AND DISCUSS WITH YOUR COUNSELOR THE FOLLOWING DISABILITIES AWARENESS TERMS:	
disability:	
accessibility:	



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adaptation:

accommodation:

invisible disability:

person-first language:



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REQUIREMENT 1B:

EXPLAIN WHY PROPER DISABILITY ETIQUETTE IS IMPORTANT

REQUIREMENT 1B:

HOW DISABILITY ETIQUETTE MAY DIFFER DEPENDING ON THE SPECIFIC DISABILITY



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REQUIREMENT 2:

VISIT AN AGENCY THAT WORKS WITH PEOPLE WITH PHYSICAL, MENTAL, EMOTIONAL, OR EDUCATIONAL DISABILITIES. COLLECT AND READ INFORMATION ABOUT THE AGENCY'S ACTIVITIES. LEARN ABOUT OPPORTUNITIES ITS MEMBERS HAVE FOR TRAINING, EMPLOYMENT, AND EDUCATION.

Agency: _____

Activities for Members:

Member Training Opportunities:

Member Employment Opportunities:

Member Education Opportunities:



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DO TWO OF THE FOLLOWING (3A, 3B, 3C, OR 3D) IN REQUIREMENT 3

REQUIREMENT 3A:

TALK WITH A SCOUT WHO HAS A DISABILITY AND LEARN ABOUT HIS EXPERIENCES TAKING PART IN SCOUTING ACTIVITIES AND EARNING DIFFERENT MERIT BADGES.

REQUIREMENT 3B:

TALK WITH AN INDIVIDUAL WHO HAS A DISABILITY AND LEARN ABOUT THIS PERSON'S EXPERIENCES AND THE ACTIVITIES IN WHICH THIS PERSON LIKES TO PARTICIPATE.



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REQUIREMENT 3C:

LEARN HOW PEOPLE WITH DISABILITIES TAKE PART IN A PARTICULAR ADAPTIVE SPORT OR RECREATIONAL ACTIVITY.

REQUIREMENT 3D:

LEARN ABOUT INDEPENDENT LIVING AIDS SUCH AS SERVICE ANIMALS, CANES, AND AUGMENTATIVE COMMUNICATION DEVICES SUCH AS CAPTIONED TELEPHONES AND VIDEOPHONES. DISCUSS WITH YOUR COUNSELOR HOW PEOPLE USE SUCH AIDS.



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DO EITHER OPTION A OR B IN REQUIREMENT 4

REQUIREMENT 4

OPTION A:

VISIT TWO OF THE FOLLOWING LOCATIONS AND TAKE NOTES ABOUT THE ACCESSIBILITY TO PEOPLE WITH DISABILITIES. IN YOUR NOTES, GIVE EXAMPLES OF FIVE THINGS THAT COULD BE DONE TO IMPROVE UPON THE SITE AND FIVE THINGS ABOUT THE SITE THAT MAKE IT FRIENDLY TO PEOPLE WITH DISABILITIES. DISCUSS YOUR OBSERVATIONS WITH YOUR COUNSELOR.

- A. YOUR SCHOOL
- B. YOUR PLACE OF WORSHIP
- C. YOUR SCOUT CAMPING SITE
- D. A PUBLIC EXHIBIT OR ATTRACTION (SUCH AS A THEATER, MUSEUM, OR PARK)

Location #1: _____

Notes:



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Location #2: _____

Notes:



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REQUIREMENT 4

OPTION B:

VISIT TWO OF THE FOLLOWING LOCATIONS AND TAKE NOTES WHILE OBSERVING FEATURES AND METHODS THAT ARE USED TO ACCOMMODATE PEOPLE WITH INVISIBLE DISABILITIES. WHILE THERE, ASK STAFF MEMBERS TO EXPLAIN ANY ACCOMMODATION FEATURES THAT MAY NOT BE OBVIOUS. NOTE ANYTHING YOU THINK COULD BE DONE TO BETTER ACCOMMODATE PEOPLE WHO HAVE INVISIBLE DISABILITIES. DISCUSS YOUR OBSERVATIONS WITH YOUR COUNSELOR.

- A. YOUR SCHOOL
- B. YOUR PLACE OF WORSHIP
- C. YOUR SCOUT CAMPING SITE
- D. A PUBLIC EXHIBIT OR ATTRACTION (SUCH AS A THEATER, MUSEUM, OR PARK)

Location #1: _____

Notes:



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Location #2: _____

Notes:



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REQUIREMENT 5: EXPLAIN WHAT ADVOCACY IS.

DO ONE OF THE FOLLOWING (5A, 5B, OR 5C) IN REQUIREMENT 5

REQUIREMENT 5A: PRESENT A COUNSELOR APPROVED DISABILITIES AWARENESS PROGRAM TO A CUB SCOUT PACK OR OTHER GROUP. DURING YOUR PRESENTATION, EXPLAIN AND USE PERSON FIRST LANGUAGE.

Group Presentation to: _____

Date and Place: _____

REQUIREMENT 5B: FIND OUT ABOUT DISABILITY AWARENESS EDUCATION PROGRAMS IN YOUR SCHOOL OR SCHOOL SYSTEM,...



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REQUIREMENT 5B: ...OR CONTACT A DISABILITY ADVOCACY AGENCY. VOLUNTEER WITH A PROGRAM OR AGENCY FOR EIGHT HOURS.

Program:

Volunteer Time Sheet				
Date	In Time	Out Time	Total Time	Supervisor sign off

REQUIREMENT 5C: USING RESOURCES SUCH AS DISABILITY ADVOCACY AGENCIES, GOVERNMENT AGENCIES, INTERNET (WITH YOUR PARENT'S PERMISSION), AND NEWS MAGAZINES, LEARN ABOUT MYTHS AND MISCONCEPTIONS THAT INFLUENCE THE GENERAL PUBLIC'S UNDERSTANDING OF PEOPLE WITH DISABILITIES.



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REQUIREMENT 5C:

LIST 10 MYTHS AND MISCONCEPTIONS ABOUT PEOPLE WITH DISABILITIES AND LEARN THE FACTS ABOUT EACH MYTH. SHARE YOUR LIST WITH YOUR COUNSELOR, THEN USE IT TO MAKE A PRESENTATION TO A CUB SCOUT PACK OR OTHER GROUP.

MYTH 1:

Misconceptions:

Facts:

MYTH 2:

Misconceptions:

Facts:



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MYTH 3:

Misconceptions:

Facts:

MYTH 4:

Misconceptions:

Facts:



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MYTH 5:

Misconceptions:

Facts:

MYTH 6:

Misconceptions:

Facts:



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MYTH 7:

Misconceptions:

Facts:

MYTH 8:

Misconceptions:

Facts:



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MYTH 9:

Misconceptions:

Facts:

MYTH 10:

Misconceptions:

Facts:



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REQUIREMENT 6:

MAKE A COMMITMENT TO YOUR MERIT BADGE COUNSELOR DESCRIBING WHAT YOU WILL DO TO SHOW A POSITIVE ATTITUDE ABOUT PEOPLE WITH DISABILITIES AND TO ENCOURAGE POSITIVE ATTITUDES AMONG OTHERS. DISCUSS HOW YOUR AWARENESS HAS CHANGED AS A RESULT OF WHAT YOU HAVE LEARNED.

Blank area for writing the response to Requirement 6.

REQUIREMENT 7:

NAME FIVE PROFESSIONS THAT PROVIDE SERVICES TO PEOPLE WITH DISABILITIES.

Career Opportunity #1:

Career Opportunity #2:

Career Opportunity #3:

Career Opportunity #4:

Career Opportunity #5:



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REQUIREMENT 7:

PICK ONE THAT INTERESTS YOU AND FIND OUT THE EDUCATION, TRAINING, AND EXPERIENCE REQUIRED FOR THIS PROFESSION. DISCUSS WHAT YOU LEARN WITH YOUR COUNSELOR, AND TELL WHY THIS PROFESSION INTERESTS YOU.

Selected Career Opportunity: _____

Education:

Training:

Experience:

Notes: