

PROGRESS RECORD

FOR THE



disAbilities Awareness & Inclusion Award

Name _____

Address _____

City _____

- Cub Scout Boy Scout
 Venturer Adult

Unit & Unit No _____

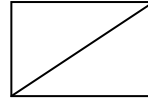
District _____

PERFORMANCE

Date & Initial

Complete any 2 of the 3 areas

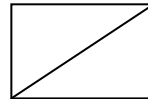
1. AWARENESS



Attend a disAbilities Awareness Event and write a short note (below/on back) of what you did and what you learned from this.

This can be a District or Council camporee with Awareness programs, a unit Awareness event or a sponsored event.

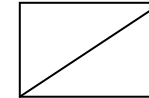
2. Recruitment / Inclusion



Bring a friend (with or without a disAbility/special need) to at least 2 of your Scout meetings to introduce them to Scouting and your unit.

Friend _____
Meeting #1 _____ Meeting #2 _____

3. SERVICE



Assist an organization that serves an individual with a disAbility or individuals with disAbilities for at least 4 hours; only 3 hours required for Cub Scouts

Organization _____

Assistance provided _____

Date & Hours _____

Date & Hours _____

Once 2 of 3 have been completed submit to your unit leader or Committee Chair for approval. They will submit it to the Council disAbilities Awareness & Inclusion Committee (dAC) for review & awarding of the patch.

Approved by Unit Leader/Committee Chair _____ Date _____

dAC Approval / Parch awarded _____ Date _____

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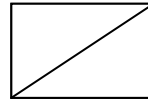
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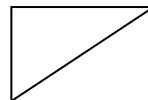
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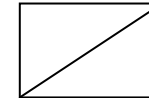
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