

# Know Your Scout

Name \_\_\_\_\_

Birth Date: \_\_\_\_\_

## About the Scout

Scout's Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scout's Challenges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How the Scout learns best: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Important information for Leaders to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment/Assistive Technology: \_\_\_\_\_

\_\_\_\_\_

Diagnosis (if any): \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Things to avoid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_