Scout Talent Form (To be filled out with parent)

Scout name:	Parent name(s):
Character: What makes you you? What are your strengths and weakne	esses (what are you good/not good at?
What are your interests and goals? (hobbies, hopes, expectations)?
What areas of support is needed to	help you be successful?
Physical skills: What can you physicall Do you need adaptions or support to	
Do scouting requirements for advan- (Need a doctor's note.) Are any adaptions or exceptions for	
Mental skills: How does your scout lear What is your grade level? What are your academic abilities?	n best?
What are your listening/comprehensi Good listener?O.K. Listene Explain: Are there any areas of concern Volu	r?Need help?
Medical: Please fill out Parts A,B,and C List any medical conditions Scout ho	of Scout health history form. as that volunteers should know about:
Medicines Scout takes regularly:	
Allergies:	
Explain symptoms or triggers to allerg	gies as well as dietary needs:
<u>Discipline:</u> (Introduce Troop Discipline F Are their any areas of discipline that	