DEIA Inclusion Toolkit

Girl Scouts Nation's Capital
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Welcome to the DEIA Inclusion Toolkit

At Girl Scouts Nation’s Capital, we believe that every girl deserves the opportunity to lead, learn, and thrive in a safe and welcoming environment. This resource is designed to help troop leaders, volunteers, and Girl Scout families create inclusive, supportive, and empowering experiences for **all** of our Girl Scouts.

Inside, you'll find practical guidance, activity adaptations, and communication tips to help you recognize and remove barriers that Girl Scouts may face. Whether you're planning a badge activity, preparing for camp, or navigating troop meetings, this toolkit provides resources and strategies to ensure that every Girl Scout can fully participate and feel a sense of belonging.

This is not a one-size-fits-all guide—but a flexible, evolving resource meant to meet the unique needs of each Girl Scout and troop. Use it as a starting point for conversations, planning, and action. When in doubt, remember inclusion starts with listening, learning, and leading with empathy.

Together, we can build a stronger, more inclusive Girl Scout community—one where *every* youth can shine.

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What is diversity?

Diversity is about difference. A group has diversity when the people present reflect differences across socioeconomic status, race, ethnicity, physical ability, gender, sexual orientation, age, education, religion, political beliefs, and so on. Diverse groups reflect different forms and degrees of diversity.

What is equity and inclusion?

Equity is about seeking to give everyone access to the same opportunities while acknowledging that we don't all start from the same place. Through equitable practices, people are given the support they need to have experience (e.g., participate in Girl Scouts). Tackling this part of the work requires that we understand the underlying causes of outcome disparities in society.

When **inclusion** is happening, people who are present feel a sense of belonging (e.g., they have a voice, hold leadership positions, and feel that Girl Scouts are for them).

What is accessibility?

Accessibility means removing barriers that might prevent someone from fully participating in society. Accessibility matters because everyone deserves equal access to places, programs, and information. It's the law, and it helps all people, not just those with disabilities.

Who can be a Girl Scout?

Any girl—**regardless of ability, background, identity, or experience**—can be a Girl Scout.

Any girl, from kindergarten through 12th grade, can join Girl Scouts. Additionally, if a family with a child of any other gender identity and expression (other than cisgender boys) feels that Girl Scouting is the right community for them, they are welcome. Cisgender: a person whose gender corresponds to their sex assigned at birth.

Girl Scouts are committed to inclusion, diversity, equity, and accessibility. That means girls of every race, ethnicity, religion, socioeconomic background, and ability are welcome and encouraged to join. Whether they are outgoing or shy, new to Girl Scouts or returning for another year, every youth can find their place and be welcomed in a safe, supportive community.

If a youth is ready to lead, learn, and make the world a better place, they can be a Girl Scout.

Youth with developmental delays may be registered as closely as possible with their chronological age, and they wear the uniform of that age level.

Girl Scouts is an Anti-Racist Organization

The Girl Scout movement has always been one that stood for inclusivity and creating an inclusive environment for all our members. Girl Scouts Nation's Capital continues to strive to be a pillar for all youth and adult members, and especially for our communities of color.

Racism and prejudice have no place in our organization, our communities, and our world, and we stand in solidarity with communities of color throughout the world, the nation, and within our Council.

In the summer of 2023, the National Girl Scout Council approved adding the word "anti-racism" into the Preamble of the Girl Scouts Constitution, codifying our guiding principle to be an inclusive, anti-racist organization where all members feel welcome, respected, and empowered.

LGBTQIA+ Inclusion

Family diversity will be embraced, respected, and normalized at Girl Scouts, including representation of families with two dads, two moms, gender-diverse caregivers, and transgender kids and families. An important way to do this is to adapt Girl Scout events to use inclusive language.

For example, a "Mom & Me" event could instead be for "Girls & Their Grown-Ups." Try to connect with girls who may need help identifying an available grown-up to participate with. If no adult can attend a particular event, allow the girl to choose a friend's parent or a volunteer to go with them. Reinforce how every Girl Scout has adults in their lives who care and will show up for them because they are part of this supportive community.

A person's gender identity (how they express and identify) and sexual orientation (who they love) are two different things and are never up for debate. This means we never force anyone to disclose or discuss these parts of their identity.

At the same time, we make room for children, adults, and families to have the choice and opportunity to share their full selves with pride. LGBTQIA+ identified youth who participate in our programs are to receive equal access and opportunity to participate in every way without being stigmatized or "othered."

- Respect names and pronouns. Use the name and pronouns a girl, adult, or volunteer shares with you.
- Foster a safe space. Address bullying, teasing, or exclusion immediately, and encourage open-mindedness, kindness, and support among all.
- Honor privacy. Never "out" a girl or adult. LGBTQIA+ identities are personal, and it's up to each individual if they share that part of themselves.
- Represent diversity. Use inclusive language and visuals in your troop materials and meetings (e.g., "families" instead of "moms and dads," and showing diverse role models)

What is a disability?

An individual with a **disability** is defined by the **ADA** (Americans with Disabilities Act) as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

A disability is something that substantially limits one or more major life activities: walking, talking, reading, writing, eating, eating, dressing, or bathing yourself or any of the everyday things people do for themselves and others. A disability may affect only a small part of your life, or it may affect every part of your life.

Disabilities can be visible or invisible, temporary or long-term, and every person's experience with disability is unique. Having a disability may mean a person uses different tools, strategies, or supports to navigate daily activities or participate in group settings.

Importantly, disability is not a limitation of potential; it simply means that a person may experience or do things differently. Creating inclusive environments means recognizing and valuing these differences and ensuring that everyone has access to the same opportunities to participate, grow, and succeed.

In the United States, the Americans with Disabilities Act was enacted on July 15, 1990. It was a landmark case that extended civil rights protections to a person with disabilities. The law prohibits discrimination against people with disabilities.

People with Disabilities and/or Neurodivergence.

We celebrate, welcome, and affirm people with disabilities and/or neurodivergence (such as people with learning differences, autism spectrum disorder, or mental health factors).

We strive to make our programs accessible for youth and families with disabilities and/or neurodivergence. We work with troop leaders to identify accommodations that can be made to meet the needs of every girl, focusing on their strengths, gifts, and assets. Troop leaders must be thoughtful to meet each child's needs without excluding or stigmatizing anyone for their differences.

Disability Language Guide

When referring to people with disabilities, it's best to use **inclusive, respectful, and person-centered language**. Remember, words matter.

The words we use to describe individuals with disabilities matter. According to the World Health Organization, the disability community is the largest minority group in the world, around 10% of the world's population, approximately 650 million people, who live with a disability, making the disability community the largest minority group in the world.

Be mindful that there is diversity in the disability community. Disability is diverse both in terms of conditions and the people who have them. With all the differences in cultures, languages, genders, beliefs, and environments, remember that it is possible for two people with the same diagnosis or circumstances to feel completely different about their disability.

Here are some key guidelines:

1. Ask individuals what language they would like to use to describe their disability.

- If someone is willing to disclose their disability, it is best to ask them how they want you to refer to (or not refer to) their disability.
- In addition to word choice, it is important to note that people may want various levels of disclosure.
- In other words, some people may feel more comfortable discussing their disabilities than others or may feel differently about disclosure in different situations.

2. Learn about the two major language preferences to address disability.

- Putting the person first, as in "people with disability," is called people-first language. It is commonly used to reduce the dehumanization of disability.
- Putting the identity-first language, as in "disabled people." Many use this style to celebrate disability, pride, and identity, or simply because they prefer this. There is no unanimity on which is the more respectful style; it comes down to personal preference. One suggested middle ground is to use these two styles interchangeably to acknowledge and respect the individual preferences of an exceptionally diverse group of people.

3. Avoid condescending euphemisms.

- Terms like differently abled, challenged, and handi-capable are often considered condescending.

- By shying away from mentioning disability, we may reinforce the notion that disability is something of which to be ashamed.
- The word **special** is particularly entrenched because it can be used as a euphemism but also may be utilized technically (e.g., “special education”). There is a desire to move away from this word.
- However, there is also acknowledgement that terms such as “special needs” are uniquely situated to introduce non-disabled parents and loved ones of children with disabilities to a rich and complex world of disability access, inclusion, accommodation rights, and systems of support.

4. Avoid offensive language – even as a joke.

- Examples of offensive terms: freak, psycho, retard, lame, or crazy.
- Do not call someone “a retard” or “retarded” if they do something silly, unwise, thoughtless, short-sighted, dangerous, ill-advised, frustrating, etc.
- Other examples include asking someone jokingly, “Are you deaf/blind?” “Can’t you see/hear?”

5. Describing people without disabilities

- Do not use words that suggest undesirable stereotypes of people with disabilities.
- When describing people without disabilities, they don’t use terms like normal, healthy, or able-bodied.
- Instead, use “non-disabled” or “people without visible disabilities.” Such terms are more accurate because we often cannot tell whether someone has a disability just by their physical appearance.

6. Not all disabilities are illnesses, and not all people with disabilities are patients.

- People with disabilities can be healthy even if they have chronic conditions like diabetes. It is only appropriate to refer to someone as a patient in a medical setting, regardless of their disability status.
- It is also important to recognize that wellness is an individual endeavor: people with disabilities experience wellness, physical/health fitness, and recreational activities at myriad levels. No person, regardless of ability or desire to participate in wellness activities, is deserving of dignity and respect.

7. **People with disabilities simply live their lives do not exist to inspire others.**

    - Successful disabled people should be celebrated in much the same way as successful non-disabled people are.
    - Depicting everyone with a disability in unsophisticated, feel-good ways for touching the hearts and opening the minds of non-disabled people is both objectifying and degrading.

8. **Do not mention someone's disability unless it is essential to the story.**

    - It is OK to identify a person's disability when it is necessary for clarity or to provide essential information.
    - For instance, "Virali, who uses a wheelchair, spoke about her experience with using accessible transportation" is fine, since it adds a new layer to the story.
    - In other instances, the disability may be irrelevant. For example, do not say, "Charles, who has a congenital disability, wants more sugar in his caramel espresso."

Here's an easy-to-use chart that compares commonly used (but often outdated or problematic) terms with respectful, inclusive alternatives. Being thoughtful with language helps create a more inclusive, respectful, and welcoming environment, something that’s at the heart of Girl Scouts.

Respectful Language Chart: Talking About Disability

❌ **Avoid Saying**	✅ **Preferred Language**	💬 **Why?**
Handicapped	Person with a disability	“Handicapped” is outdated and often seen as demeaning.
Crippled	Person with a physical disability/person who uses a mobility aid	“Crippled” is offensive and reduces the person to a condition.
Wheelchair-bound / Confined to a wheelchair	Person who uses a wheelchair	A wheelchair provides mobility, it’s not confining.
Suffers from / Victim of	Person with [name of condition]	These terms suggest pity or helplessness.
Mentally retarded	Person with an intellectual disability	“Retarded” is outdated and offensive. Use clinical and respectful terms.
The disabled / The handicapped	People with disabilities	A person-first language emphasizes the individual, not the condition.
Special needs	Person with a disability / specific need	“Special needs” is vague and often infantilizing. Use specific, respectful terms.
Normal / Healthy (in comparison)	Non-disabled person / person without a disability	Suggesting someone is “normal” implies others are not. Use neutral language.
Deaf and dumb	Deaf person / person who is Deaf or hard of hearing	“Deaf and dumb” is offensive. Many Deaf individuals take pride in their identity.

☑ **Tip: When in doubt, ask the person how they prefer to be described**

Juliette Gordon Low showed us the way.

Juliette Gordon Low, the founder of Girl Scouts of the USA, was a powerful early example of diversity and inclusion—values that still shape the Girl Scout movement today.

Juliette Low herself had a disability; she was **partially deaf** for most of her life and became **almost completely deaf** as an adult. Despite this, she was determined to create a space where all girls, regardless of their background or abilities, could grow into confident leaders. In 1912, at a time when women had few rights and opportunities, she founded Girl Scouts to give *every girl* the chance to build courage, confidence, and character.

Juliette welcomed girls from all walks of life—**girls of different races, religions, economic backgrounds, and abilities**—long before it was common or expected in society. Her vision of Girl Scouts was inclusive from the start: she believed that *every girl* deserved the chance to explore the outdoors, learn new skills, and discover her strengths.

In living her life without letting her disability define her, and in creating a movement where **all girls** had a place, Juliette Low set the foundation for a Girl Scouts organization that continues to value **diversity, equity, inclusion, and belonging** today.

Supporting a Girl Scout with differing abilities is about **creating an inclusive, respectful, and flexible environment** where she can fully participate and thrive—just like every other girl. You don't need to have all the answers right away. What matters most is your **willingness to listen, adapt, and support**.

A youth with a disability is interested in joining my troop.

That is wonderful news—and a fantastic opportunity to create an inclusive, welcoming space where *everyone* can thrive!

Am I required to take a youth with a disability whether I want to or not?

Yes—as a Girl Scout troop leader, you **do have a responsibility to include youth with disabilities**, just like any other youth who wants to join.

Girl Scouts of the USA (GSUSA) have a long-standing commitment to **diversity**, **inclusion, equity, and access for all girls**, regardless of ability.

That means: **If a youth meets the age/grade requirements, they have a right to be included in your troop.**

What should I do to prepare?

1. Start with the Youth and the Caregivers.

Every youth is unique, and disabilities can vary widely. A respectful, open conversation helps you learn:

- What are their interests and strengths?
- What support or accommodations help them succeed in school or other activities?
- Are there any mobility, sensory, communication, or health needs to be aware of?
- What activities is she excited (or nervous) about?

This shows that you're not making assumptions—you're learning how best to support the youth.

This conversation builds trust and helps you plan appropriately.

Let the youth and her family know that they are **wanted and welcome** in your troop. Express your excitement and openness to supporting the youth in any way they may need.

2. Focus on Abilities, Not Limitations

Look at what the youth *can* do and what the youth *want* to do. Every Girl Scout brings strengths, creativity, and unique perspectives to the troop. Highlight their talents and encourage leadership in ways that fit their style.

3. Adapt Activities as Needed

Be flexible. You might:

- Adjust activities, if necessary (e.g., offer alternatives for physical tasks or allow different ways to complete a badge)
- Modify meeting spaces (designate a calm-down corner or quiet workspace)
- Modify materials as needed (use larger print, pictures, or hands-on tools)
- Provide extra time.
- Provide visual schedules or quiet areas if she benefits from structure or low-sensory environments.
- Encourage peer buddies or teamwork support.
- Offer multiple ways to complete a badge or task.

It’s okay to make changes—**inclusion doesn’t mean doing things the same; it means making sure everyone can participate meaningfully.**

4. Create a Culture of Belonging

Foster empathy and inclusion in the troop by modeling kindness, patience, and open-mindedness. Talk about how everyone has different strengths and needs—and that’s something to celebrate, not separate.

Foster a troop environment where differences are valued. You can:

- Talk about kindness, respect, and empathy during meetings.
- Reinforce that all girls have different strengths and needs.
- Model inclusive language and behavior.

This helps all girls learn to support each other and grow as compassionate leaders.

5. Ask for Help When You Need It

You are not alone! Reach out to your local service unit for support, ideas, or resources. Your local Girl Scout council can also offer tools, training, and ideas. Remember there’s a community of leaders and staff ready to help.

Remember:

You do not need to be an expert—you just need to care and be willing to adapt. By creating a welcoming space, you are not only supporting them, but you’re also building a more inclusive troop where **all can learn to lead with compassion and confidence.**

Here’s the important part:

You are not expected to do this alone or perfectly.

You are not being asked to become a disability expert—you’re being asked to offer a welcoming space and be open to learning what they may need. Start small and adjust as needed. Progress, not perfection.

Girl Scouts provide resources, training, and support through your local council to help you create that inclusive environment.

What Inclusion Means

Inclusiveness doesn’t mean doing everything the same for every girl, it means giving every girl the chance to **participate meaningfully** in a way that works for *her*. And often, small adjustments go a long way.

The Bigger Picture

When you include a youth with a disability in your troop, you are not only supporting *that girl*, but you are also teaching *all* girls what it means to lead with empathy, fairness, and courage. That is exactly what Girl Scouts are all about.

Advice from “a Girl with a Disability”

- Please don’t worry about me. I’m a lot tougher than you think.
- Most of my needs are just like those of other girls even though my physical or mental development is different.
- Give me what you naturally give to all the other girls: your love, your praise, your acceptance, and your faith in me.
- Help me have a successful experience in your troop (or group or camp unit.) If you help us plan a variety of activities, I will always find at least one thing I can do well.
- Encourage me to do things for myself even if it takes me a long time.
- If the troop has a regular meeting-time routine, I will know what to expect.

- Like other kids, I remember instructions best if they are short and clear.
- Give me opportunities to help others.

If We Can't Meet a Child's Needs

In the rare occasion that a troop leader is not able to meet the needs of one or more children in their troop, they should contact their Service Unit Leadership for further guidance and support.

A support plan may be coordinated to include added parent support or structural changes to group activities. Every possible effort will be made to keep each child who wants to participate in the group. We must guard against the hurt and stigmatization of not being included.

In the unlikely event that a child's needs are unable to be met by the troop the child is in, council staff will work with the child and their family to find an alternate troop that may be a better fit.

Another option may be that the child can continue to participate as an individual member of Girl Scouts or be issued a refund of membership dues and council service fees.

WELCOMING YOUTH WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) INTO YOUR TROOP

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurobehavioral disorder. ADHD is usually diagnosed in childhood, and the condition can continue as an adult. Many individuals with ADHD are undiagnosed until adulthood. The common characteristics of ADHD are impulsiveness, inattention, and/or overactivity.

Three subtypes can be diagnosed depending on primary symptoms, as defined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, are:

1. ADHD (Inattentive Presentation)

- Often referred to as “ADD” (though that's an outdated term)
- Main symptoms involve:
    - Trouble paying attention to details.
    - Difficulty staying focused or following through on tasks.
    - Being easily distracted or forgetful
    - Avoiding tasks that require sustained mental effort
- These individuals may not appear hyperactive but struggle significantly with organization and focus.

2. ADHD (Hyperactive-Impulsive Presentation)

- Main symptoms involve:
    - Fidgeting, squirming, or feeling “on the go.”
    - Talking excessively
    - Interrupting or blurting out answers
    - Difficulty waiting for turns or staying seated
- These individuals may not have strong issues with inattention, but their energy and impulsivity can interfere with daily life.

3. ADHD (Combined Presentation)

- This is the **most common** type.
- The individual shows **both** inattentive and hyperactive-impulsive symptoms.
- To be diagnosed with the combined type, a person must meet enough criteria in **both** categories for the past six months.

Important Notes:

- ADHD symptoms must be **present before age 12**, occur in **multiple settings** (e.g., school, home), and **interfere with functioning**.

- ADHD looks different in every person and can change over time—some children may become less hyperactive as they grow older, while inattention may persist.

Recognizing ADHD in Youth: A Quick Guide

Area	**Possible Signs & Symptoms**
Inattention	● Daydreams frequently ● Seems "spaced out" or forgetful. ● Losing things often. ● Struggles to follow multi-step instructions. ● Starts tasks but doesn't finish them.
Hyperactivity	● Talks a lot (especially in quiet settings) ● Fidgets subtly (e.g., tapping, doodling) ● Has a challenging time sitting still for long periods? ● Constantly "on the go" emotionally or socially
Impulsivity	● Interrupts conversations ● Blurts out answers. ● Has emotional outbursts or mood swings? ● Make quick decisions without thinking of consequences.

Emotional Regulation	● Overwhelmed by small setbacks. ● Easily frustrated or sensitive to criticism ● May cry easily or withdraw when upset.
Social Challenges	● May be labeled as “overly sensitive” or “too talkative.” ● Has trouble keeping friends due to impulsive behavior or intense emotions? ● Tries hard to fit in, sometimes masking symptoms (“people pleasing”)
Self-Esteem	● Often feels “not good enough.” ● Compares herself to others. ● May hide struggles to avoid embarrassment.

Why ADHD in Girls Is Harder to Spot:

- Girls are more likely to have the **inattentive type**, which is less disruptive.
- Many girls **mask their symptoms** by trying to be quiet, helpful, or “perfect.”
- Their struggles may be misinterpreted as **laziness, anxiety, or emotional sensitivity.**

What to Do If You Notice These Signs:

- Talk privately with the girl’s caregiver. Share your observations without labeling—just focus on what you’ve noticed.
- Encourage the family to speak with a pediatrician or school specialist if needed.
- Be supportive, not judgmental. Girls with ADHD often work twice as hard just to keep up.

Suggestions and strategies for preparing for and including youth with ADHD in your troop.

1. Provide clear expectations and structure in troop meetings (this can be done using a picture chart or written schedule, as well as utilizing a communal troop agreement that’s visible to all.

2. For large projects or activities with long-term commitments, break down the tasks/times into smaller parts.
3. Give verbal reminders during the troop meetings or activities of the structure and schedule as needed to stay on-task.
4. An outline of each meeting or activity, if it involves a long time or attention commitment, helps set expectations.
5. When possible, start each meeting/activity with a summary of the events to come and conclude each meeting/activity with a summary of the key points covered.
6. Vary the schedule or routine as applicable to keep attention, but make sure to discuss changes beforehand.
7. Try to keep meetings or activities open to many physical outlets or options (ex, eating snacks during story time or working on a craft while learning about something in the community.)
8. Be sensitive to the attention span and physical positioning limits – do not expect the girls to hold the same position (ex, sitting in a circle) for too long while focusing on any one activity.
9. Fidgets (something to hold in her hand and fidget with) can be provided while needing to remain relatively still and listening for a longer period during an activity; the whole troop can each have their own, so no one girl feels singled out.
10. Unless the youth and the caregiver prefer confidentiality within the troop, they have the youth share about her differing abilities and special needs with the troop safely and allow the other Girl Scouts to ask questions in a sensitive and caring manner to better understand and allows everyone to work together as a troop to help everyone's needs be met.
11. Always consult with the caregiver beforehand to ensure you're providing for the youth's needs to the best of your ability. They will know the best methods and strategies to help their child.

For more help and information, please read the Special Education Guide at https://www.specialeducationguide.com/disability-profiles/

WELCOMING YOUTH WITH ASTHMA INTO YOUR TROOP

Asthma is a respiratory condition marked by spasms in the bronchial tubes of the lungs, causing difficulty in breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

It is one of the most common long-term diseases of children. According to the Centers for Disease Control and Prevention, nine percent of children in the United States are diagnosed with asthma, and the number is increasing.

An “asthma attack” is a sudden worsening of symptoms caused by the tightening of muscles around the airways. During an asthma attack, the lining of the airways also becomes swollen or inflamed, and more mucus than usual is produced, which inhibits typical breathing patterns and oxygen intake.

Asthma attacks can be frightening for asthmatic people and the people around them. The important thing is to remember to stay calm and keep others calm while taking steps first, treating the symptoms of the attack, and secondly, eliminating the triggers that caused the attack if possible.

Symptoms of an asthma attack or general lack of oxygen can include:

- Wheezing
- Coughing
- Tightness in the chest
- Inability to take deep breaths.
- Breathlessness
- Blue tint to the lips or finger/toenails

Asthma can be triggered by many things such as allergens or environmental factors and activities. Everyone’s specific triggers and allergens are unique.

Examples of things that can trigger asthma attacks are:

- Strong scents such as perfume or industrial cleaners
- Smoke from things like fire or cigarettes

- Food allergens (many food allergies can result in asthmatic reactions)
- Mold presence
- Changes in air pressure (thunderstorms)
- Physical activity
- Presence of dust mites
- Environmental allergens like pollen
- Presence of animals (specifically animal hair, fur, and dandruff)

Asthma is regulated and treated in many ways. People with asthma may regulate their symptoms with oral allergy or asthma medications, regulatory inhaled medications, nebulizers (small machines that provide inhaled medication treatments), and/or with "rescue inhalers," which are hand-held inhalers used in the event of an asthma emergency. If they have a food or environmental allergy that results in a sudden and dangerous asthmatic reaction/attack, they may have an EpiPen to treat symptoms.

Suggestions and strategies for preparing for and including youth with asthma in your troop.

1. Consult with the caregiver beforehand about any medication or medical equipment that may be present with the youth or adult during meetings. Be clear about how and when to administer the medication or treatment and be sure it's being stored in a safe location away from the general accessibility of the youth (they may have an Asthma Action Plan to consult).

2. Consult with the caregiver about potential asthmatic triggers and how to avoid them.

3. Unless the youth and the caregiver prefer confidentiality within the troop, they have the youth share about her differing abilities and special needs with the troop safely and allow the other Girl Scouts to ask questions in a sensitive and caring manner to better understand and allow everyone to work together as a troop to help everyone's needs be met.

4. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability-they will know the best methods and strategies to help their child.

For more help and information, visit American Lung Association at lung.org/asthma and Center for Disease Control and Prevention at cdc.gov/asthma

WELCOMING YOUTH WITH FOOD ALLERGIES INTO YOUR TROOP

A food allergy is an unusual response to food caused by the body's immune system. Allergic reactions to food can sometimes cause serious illness and even death.

Tree nuts and peanuts are the leading causes of dangerous allergic reactions called anaphylaxis. This is an acute allergic reaction to an antigen (bee sting, eating an allergen such as a peanut product, etc.) to which the body has become hypersensitive.

However, there are many foods to which people can be allergic to, and every person is different in what their allergies are and how sensitive they are to certain products. For example, one person may be allergic to strawberries, and eating them causes a rash on their face that will go away without medical attention after a short time.

Another person allergic to strawberries may break out in itchy hives all over their body and require medical attention to resolve this reaction. Every person is unique in what they are allergic to and their reactions to their allergens. This includes environmental allergies as well as food allergies.

When someone with a food allergy eats a product, they are allergic to, their immune system reacts by releasing histamine and other powerful substances, which cause symptoms that become an "allergic reaction."

Symptoms of an allergic reaction can be...

- Rashes or hives
- Cramps
- Nausea and vomiting
- Diarrhea
- Lightheadedness
- Increased heart rate
- Difficulty breathing or asthmatic inflammation.
- Excess mucus production
- Sneezing, coughing, or congestion in the nasal or airway passages

- Swelling of the lips, tongue, or throat
- Watery eyes

People with food allergies may manage their allergies in different ways. There is medication they may take orally or via injection.

They may simply avoid foods that cause an allergic reaction. If they have an anaphylaxis allergic reaction to something, they may carry an EpiPen with them. If their food allergies cause asthmatic reactions, they may also have asthma medication, a rescue inhaler, or a regulatory inhaler as well.

Suggestions and strategies for preparing for and including youth with food allergies in your troop.

1. Consult with the youth's caregiver beforehand about any medication or medical equipment that may be present with the youth or adult during meetings. Be clear in how and when to administer the medication or treatment and be sure it's being stored in a safe location away from the general accessibility of the other youth. (They may have an Asthma Action Plan or Allergy Action Plan to consult.)

2. If a youth has a rescue inhaler or EpiPen, make sure that it is kept safely away from the other girls, but also is easily accessible by the responsible adult in the event of an asthma attack or an anaphylaxis allergic reaction. The rescue inhaler and/or EpiPen should always be with the responsible adult and present with the asthmatic and/or allergic youth.

3. Ask the caregiver to provide you with ideas and instructions about what food to serve and how to prepare it – some allergies are more sensitive than others and may require extremely cautious food handling or even separate meal/snack times.

4. If there is a severe anaphylaxis allergy present, ask the caregiver if it is okay to share with all of the other parents and youth in the troop so that they may avoid bringing the allergen into contact with the girl (ex, peanuts).

5. Remember, the other youth in the troop do not share food with their food-allergic friend.

6. Everyone should wash their hands before and after eating to help prevent traces of an allergen from being passed.

7. If there are any symptoms of an allergic reaction, address the situation:
    - Consult/ask for help and directions from the parent/caregiver.

   - Administer medication if appropriate and permission has been given.
   - Remove the allergen from the situation.
   - Call for EMS if necessary.

8. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share her differing abilities and special needs with the troop safely and allow the other girls to ask questions in a sensitive and caring manner to better understand and allow everyone to work together as a troop to help everyone's needs be met.

9. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

Food preparation suggestions for common allergies

- There are many ways to prepare safe snacks for those with food allergies. When preparing food, properly sanitize the preparation area to be sure it is free of allergens. Did you know many allergens, such as wheat or lactose, can be replaced when cooking? Do your research to see what quantities you need before you start preparing food.
  - For milk-free (lactose-free) baking substitute: water, fruit juices, rice milk, or soy milk
  - For egg-free baking, substitute: baking powder, liquid, vinegar
  - For wheat-free baking/thickening, substitute: cornstarch, rice flour, potato starch, quick cooking tapioca, arrowroot starch, sweet rice flour. Use sunflower seed butter in place of peanut butter or almond butter.
  - Use soy, almond, coconut, or lactose-free milk.
  - Gluten-free substitutes are commonly available in most stores and restaurants now.

For more help and information regarding food allergies and asthma, visit Asthma and Allergy Foundations of America at aafa.org and Food Allergy and Research and Education foodallergy.org.

WELCOMING YOUTH WITH AUTISM INTO YOUR TROOP

Autism spectrum disorders (ASD) are a group of developmental disorders that are characterized by difficulties in the areas of social skills, communication, and unusual or repetitive behaviors.

The spectrum includes autism, Asperger's Syndrome (sometimes referred to as "high-functioning autism"), and pervasive developmental disorder. The core features are the individual's inability to understand the thoughts, feelings, and motivations of other people and to use this.
understanding to regulate their behaviors.

Due to the diversity and complexity of this disability, one may not see all the characteristics that are typical in an individual with an ASD in any length of time. Often, behaviors that seem atypical, unusual, or even rude are, in fact, unintentional symptoms of ASD.

Suggestions and strategies for preparing for and including youth with ASD in your troop.

1. Provide clear expectations and structure at troop meetings. This can be done using a picture chart or written schedule, as well as using a communal "troop rules" agreement that is visible to all with clear directives.

2. If the individual is disruptive to the troop, arrange to meet separately (including parent/caregivers) to let them know what behavior is disrupting the troop, to help them understand why their behavior is disruptive, and to come up with a clearly defined plan of action going forward to avoid that disruptive behavior in the future.

3. Don't use absolute words such as "always' or "never" unless that is exactly what you mean.

4. Supplement oral instructions with written or visual instructions as needed for activities.

5. Set limits on participation if needed. (Ex: Only one helper per activity and it rotates alphabetically by first name, only allowed to tell one story/ask one question per activity per individual, etc.)

6. Limit the use of metaphors as they are often misunderstood.

7. Discuss clear rules, boundaries, or safety concerns (such as emergency procedures) before each activity. Refer to the "troop rules" or "troop agreements" as applicable for a visual reference.

8. Be aware that individuals with ASD may be distracted by the actions of others or they may be disruptive to others unintentionally and will need to be redirected with gentle reminders.

9. Many individuals with ASD are visual learners, so pictures or visual substitutes/reminders may be helpful to them.

10. State expectations for the troop, meetings, and activities clearly and briefly.

11. Fidgets (something to hold in her hands and fidget with) can be provided while needing to remain still and listening for a longer time during an activity; the whole troop can each have their own, so no one girl feels singled out.

12. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share her differing abilities and special needs with the troop safely and allow the other girls to ask questions in a sensitive and caring manner to better understand, and allow everyone to work together as a troop to help everyone's needs be met.

13. Always consult with the caregiver beforehand to be sure you are providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more help and information please visit Autism Speaks at autismspeaks.org and the Special Education Guide at specialeducationguide.com/disability-profiles.

WELCOMING YOUTH WHO MAY BE BLIND OR VISUALLY IMPAIRED INTO YOUR TROOP

There are two main categories of visual impairments: low vision and blind. Low vision individuals are print users but require special equipment and materials. The definition of legal blindness covers a broad spectrum of visual impairments.

There is no "typical" vision-impaired child due to many factors and influences on their specific experience. The major challenge facing visually impaired children in the troop meeting environment is the overwhelming mass of visual material to which they are constantly exposed to.

Suggestions and strategies for preparing for and including youth who may be blind and visually impaired in your troop.

1. Verbally address the group upon entering and leaving the meeting location.
2. Call the youth by name if you're addressing them specifically.
3. Use descriptive words about the youth's body orientation, such as "straight, forward, left, etc." instead of vague terminology such as over there, here, this, etc.
4. Describe in detail pertinent visual occurrences of activities.
5. Give verbal notice of location changes.
6. Offer to read written information aloud when appropriate.
7. Identify yourself by name – do not assume someone visually impaired or blind will recognize you by voice.
8. Offer to guide the youth if you are travelling or moving to unfamiliar locations during the meeting. Offer your arm and be sure to warn them if they need to step up or down, if the door is on the left or right, and of any hazards.
9. Coach your troop not to pet or touch a guide dog if present. Guide dogs are working animals, and it can be hazardous for the visually impaired or blind girl if the dog is distracted.
10. Show the youth where things are placed before each activity and allow them to pick up and feel objects when appropriate.
11. Do not move objects or locations without first telling the troop verbally.
12. Do not leave doors ajar; close or open them fully.
13. Ask if the youth need help rather than assuming –respect her independence.

14. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share her differing abilities and special needs with the troop safely and allow the other girls to ask questions in a sensitive and caring manner to better understand, and allow everyone to work together as a troop to help everyone's needs be met.

15. Always consult with the caregiver beforehand to be sure you are providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more help and information please visit the Special Education Guide at specialeducationguide.com/disability-profiles.

WELCOMING YOUTH WHO MAY BE DEAF OR HEARING IMPAIRED INTO YOUR TROOP

The official definition of deafness is the inability to comprehend verbal language due to an inability to hear. A hearing impairment can affect the ability to hear intensity, pitch, or both.

Typically, hearing loss above 90 decibels is considered deafness. Hearing loss varies in severity per case, and it's important to remember to treat each girl uniquely while meeting her needs.

Remember that if a person is hearing impaired or deaf, they learn and communicate differently.

Sometimes a youth who is hard of hearing or deaf may also have speech difficulties or may not communicate at all. You may need to work with an American Sign Language interpreter during your meetings. Do not assume a deaf person can "read lips" or even communicate via written instructions. Written language is a second language for those who learn American Sign Language as their first and main means of communication, and can be difficult to interpret or understand.

Suggestions and strategies for preparing for and including youth with deafness or hearing impairment in your troop.

1. Talk to the caregiver – the youth may have one ear that is better than the other. In that case, position whoever is talking so that they are heard with that ear.
2. If they use an interpreter, talk to the youth, not the interpreter, and be versed in appropriate Sign Language etiquette.
3. Be aware of how other noises can affect the youth – this is a good time to teach the other Girl Scouts what "quiet" really means.
4. Supplement with visual instructions as needed for activities.
5. Have all the youth work with a buddy and double-check so that everyone understands the directions clearly.
6. Discuss clear safety rules. For example, if you are in a museum, the youth may not hear the fire alarm, so you may develop an emergency gesture (they may already have one).
7. Some youth wear special hearing aids that interact with a headset – the person who is talking should wear the headset.
8. If the youth has difficulty speaking, be patient. Find out ahead of time how they would prefer to communicate (interpreter, written, visual, etc.)

9. Have fun and learn! If they use Sign Language, there is no reason the other Girl Scouts (and adults) cannot learn some, too!

10. Unless the youth and the caregiver prefer confidentiality within the troop, the girl shares about her differing abilities and special needs with the troop safely and allows the other girls to ask questions in a sensitive and caring manner to better understand and allow everyone to work together as a troop to help everyone's needs be met.

11. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more information on Deaf Culture and Etiquette, visit Deaf Websites at deafwebsites.com.

For more general information, visit the National Association for the Deaf at nan.org, the Hearing Loss Association for the Deaf at nad.org, or check out the Special Education Guide at specialeducation.com/disability-profiles/deafness.

WELCOMING YOUTH WITH DIABETES INTO YOUR TROOP

Diabetes is a metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose (sugar) in the blood.

There are two kinds of diabetes: Type 1 and Type 2. Some children develop Type 1 Diabetes at an early age. Type 2 Diabetes is usually developed later in life, but it is increasing in children. In Type 1 Diabetes, the body's immune system destroys the cells in the pancreas that produce insulin. Without insulin, the body cannot properly process sugar from a diet.

Diabetes can cause instances of lowered blood sugar levels or elevated blood sugar levels, even when properly maintained with diet, exercise, and medication. This can be dangerous and should be regulated. Symptoms of blood sugar imbalance can include thirst, frequent urination, moodiness, tiredness, nausea, and vomiting.

Girls are more likely than boys to have diabetes. Due to the increase in diabetes in the United States, the odds are that most of your Girl Scouts know someone with diabetes.

Youth may have medication to regulate these symptoms in the form of an orally taken pill, an insulin pump, or through insulin injections. They may also have a blood sugar monitor, which helps them to monitor the levels of blood sugar present in their body (is it too elevated, too low, or just right?) They also may have special dietary restrictions or needs. Glucose tablets and protein bars are common supplements that can be held on hand in the event of sudden blood sugar dip or elevation.

Suggestions and strategies for preparing and including youth with diabetes in your troop.

1. Consult with the youth's caregiver beforehand about any medication or medical equipment that may be present with the youth or adult during meetings. Be clear in how and when to administer the medication or treatment, and be sure it's being stored in a safe location away from the general accessibility of the youth.

2. Ask the caregiver to provide you with ideas and instructions about what food to serve and when to serve it (frequency). Following their special dietary needs is very important to avoid instances of lowered or elevated blood sugar levels.

3. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share about her differing abilities and special needs with the troop safely and allow the other girls to

ask questions in a sensitive and caring manner to better understand and allow everyone to work together as a troop to help everyone's needs be met.

4. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more help and information, please visit the American Diabetes Association at diabetes.org.

WELCOMING YOUTH WITH LEARNING DISABILITIES INTO YOUR TROOP

Learning disabilities are neurologically based processing problems.

These processing problems can interfere with learning basic skills such as reading, writing, and/or math. They can also interfere with higher-level skills such as organization, time planning, abstract reasoning, long- or short-term memory, and attention. It is important to recognize that learning disabilities can affect a girl's life beyond academics and can impact her relationships in all areas of life, including troop involvement.

"Learning Disabilities" is an overarching term used to describe many other more specific learning disabilities such as dyslexia, ADHD, and language processing disorders.

Suggestions and strategies for preparing and including youth with learning disabilities in your troop.

1. Try not to make the youth the center of attention because of the disability. If the youth need special accommodation, support, or company, then generalize it for the rest of the troop or allow her to designate what she's comfortable with around other youth.

2. If the youth is highly active, then start meetings with a physical activity – even Ambassador Girl Scouts love to swing on swing sets at the park!

3. If the youth have difficulty reading, plan and provide opportunities before the meeting to meet with them and go over any written lines, directions, or guides for the meeting in advance. Guidebooks and Journeys are not solely reading-based and can be adapted to fit the youth's needs.

4. Redirection, Troop Agreements (Code of Conduct), and short activity periods with active transition times will help with high energy and low attention levels.

5. Make a point of important times to listen. If the youth have problems listening, then give a verbal cue such as, "I need everyone to listen for the next two minutes."

6. Don't let the other Girl Scouts leave her out of things – every youth has something to bring to the table. Talk to the troop about how everyone has certain gifts. You can point out that, as a Girl Scout troop leadership volunteer, you are better at some things than others. You aren't artsy, but

you can pitch a tent in a rainstorm. Celebrate everyone's achievements, and if you see a clique forming, rotate who is in which group.

7. Fidgets (something to hold in her hand and fidget with) can be provided while needing to remain still and listening for a longer period during an activity; troop members can each have their own, so no one feels singled out.

8. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share about her differing abilities and special needs with the troop safely, and allow the other girls to ask questions in a sensitive and caring manner to better understand, and allow everyone to work together as a troop to help everyone's needs be met.

9. Always consult with the caregiver beforehand to be sure you are providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more help and information please visit the Special Education Guide at specialeducationguide.com/disability-profiles.

WELCOMING YOUTH WITH SEIZURE DISORDERS INTO YOUR TROOP

Seizures happen when your brain cells, which communicate through electrical signals, send out the wrong signals. Anything that interrupts the normal connections between nerve cells in the brain can cause a seizure. When a person has two or more recurrent unprovoked seizures, they are considered to have **epilepsy,** for which there may be no detectable cause. Different types of seizures and seizure disorders may be treated with medicine and other alternative treatments.

A convulsive seizure is when someone shakes or jerks during the seizure. While this can be frightening to see, this type of seizure is not usually a medical emergency.

Suggestions and strategies for preparing for and including youth with seizure disorders in your troop.

1. Consult with the youth's caregiver beforehand about any medication or medical equipment that may be present with the youth or adult during meetings. Be clear on how to administer the medication or treatment, and be sure it is being stored in a safe location away from the general accessibility of the youth. (They may have a "Seizure Action Plan" to consult.)

2. Ask the youth's caregiver to provide you with instructions about what to do if the girl has a seizure and any side effects of her medication.

3. Unless the youth and the caregiver prefer confidentiality within the troop, have the girl share about her differing abilities and special needs with the troop safely, and allow the other girls to ask questions in a sensitive and caring manner to better understand, and allow everyone to work together as a troop to help everyone's needs be met.

4. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

Some symptoms or warning signs of seizures

- Staring
- Jerking movements of the arms or legs
- Stiffening of the body
- Loss of consciousness

- Breathing problems or breathing stops
- Loss or bowel or bladder control
- Falling suddenly for no apparent reason, especially when associated with loss of consciousness.
- Not responding to noise or words for brief periods
- Appearing confused or in a haze
- Nodding the head rhythmically, when associated with loss or awareness or even loss of consciousness.
- Periods of rapid eye blinking and staring

Suggestions for what to do if someone has a convulsive seizure:

- STAY CALM!
- Look around – is the person in a dangerous place? If not, don't move them. Move objects like furniture away from them.
- Note the time the seizure starts.
- Stay with them. If they do not collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
- Cushion their head with something soft if they have collapsed to the ground.
- Don't hold them down.
- Don't put anything in their mouth.
- Check the time again. If a convulsive (shaking) seizure does not stop after 5 minutes, call for emergency medical services.
- After the seizure has stopped, put them into the recovery position (visit epilepsysociety.org for more information)
- Check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking the airway. If their breathing sounds difficult after the seizure has stopped, call for emergency medical services (EMS).
- Stay with them until they are fully recovered.
- If they are injured or have another seizure without recovering fully from the first seizure, call for emergency medical services (EMS).

For more help and information, please visit the Epilepsy Society at epilepsysociety.org.

WELCOMING YOUTH WITH WHEELCHAIRS INTO YOUR TROOP

There are many disabilities and medical conditions that may require the use of a wheelchair, whether short-term or long-term, to aid in recovery and/or general mobility. People who use wheelchairs may or may not be able to walk independently without assistance. Their wheelchair may be used manually or run electronically.

Suggestions and strategies for preparing for and including youth with wheelchairs in your troop.

1. Ask before offering help with transportation (pushing the wheelchair).

2. Adapt activities as needed for those with special mobility needs.

3. Include them in all activities as much as possible so they don't feel singled out.

4. Keep their line-of-vision and reachability in mind – they have a shorter stature in the wheelchair and may not be able to see as well as those standing or be able to reach for something out of a convenient location.

5. Before traveling to a new location, be sure to check for wheelchair accessible entryways and exits as well as restrooms.

6. Unless the youth and her caregiver prefer confidentiality within the troop, have the girl share about her differing abilities and special needs with the troop safely, and allow the other girls to ask questions in a sensitive and caring manner to better understand, and allow everyone to work together as a troop to help everyone's needs be met.

7. Always consult with the caregiver beforehand to be sure you're providing for the youth's needs to the best of your ability – they will know the best methods and strategies to help their child.

For more resources on wheelchair etiquette and safety, please visit the Disability Resources & Rights Center https://drrcva.org/disability-etiquette-tips.