



WESTONWOOD
RANCH

Westonwood Ranch Program Application

Dear Families & Prospective Participants,

Thank you for your interest in Westonwood Ranch! The goal of our assessment process is to ensure that our program is the right fit for you and your family. We will need this paperwork completed as soon as possible in order to move forward with an enrollment assessment for the 2025–2026 program year. Completion of this packet does not guarantee enrollment into the program. Upon completion of these documents and our in-person assessment, members of the Westonwood team will then meet with you to determine the next steps.

Thank you for allowing us to be a small part of your story!

Janet Becker, M.S., BCBA
Clinical Director



Westonwood Ranch Program Application

APPLICANT INFORMATION

Applicant Name	
Address	
City, State, Zip	
Date of Birth	
Gender	

APPLICANT'S PARENT INFORMATION

Parent/Guardian #1 Name	
Preferred Method of Contact	(cell, work or email?)
Work Number	
Cell Number	
Email Address	

APPLICANT'S SECONDARY PARENT INFORMATION

Parent/ Guardian #2 Name	
Preferred Method of Contact	(cell, work or email?)
Work Number	
Cell Number	
Email Address	

Primary Diagnosis:

Other Conditions:

Current Physician:

Applicant lives with:

Parents' Marital Status:

Applicant's Siblings (Names & Ages):



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MEDICAL HISTORY

Yes No

1. Does the applicant have a history of unusual illnesses/serious illness. If yes, please explain below

☐ ☐

2. Does the applicant have a history of seizures? If yes, please list type of seizure and date of most recent seizure

☐ ☐

3. Are the applicant's required vaccinations up to date? If no, please give more details

☐ ☐

4. Does the application have any medication allergies? If yes, please list below

☐ ☐

5. Does the applicant have any food allergies, dietary restrictions or food sensitivities? If yes, please list in detail below

☐ ☐

6. Does the applicant take medication on a regular basis? If yes, please list below

☐ ☐

7. Please list any family history of physical illnesses, chronic conditions, mental health conditions, or Autism- related diagnosis?

Please list any previous therapies or assistance the applicant has received and for how long (i.e. Psychology, Psychiatry, Mental Health Counselling, Social Work, etc.):

- 8.



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SOCIAL HISTORY

Yes No

Does the applicant make friends easily?

☐ ☐

How does he/she get along with others?

☐ ☐

Has the applicant obtained paid employment previously? If yes, please describe below.

☐ ☐

Has the applicant done any volunteer work? If yes, please describe below.

Yes No

☐ ☐

Have there been any losses, changes, or transitions in the applicant's life?
If yes, please describe below.

☐ ☐

Does your family have any cultural, spiritual, or religious beliefs that influence your child? If yes, please describe below.

☐ ☐

What are your child's social strengths?

What does he/she believe are their strengths?

What are your child's social difficulties?

What does he/she believe are areas that need improvement?

If the applicant is participating in an off-campus activity, he/she would require:

☐ 3:1 supervision ☐ Partnered with a peer ☐ Shadowed by staff ☐ Independent w/ staff check in