



WESTONWOOD
RANCH

WESTONWOOD RANCH SOCIAL SKILLS GROUPS

About:

Thank you for your interest in our Social Skills Groups. Social Skills Groups for teens and young adults at Westonwood Ranch will focus on developing, strengthening, and maintaining social relationships with an emphasis on improving conversation skills, recognizing social cues, building self-esteem, and managing social anxiety. The program utilizes the principles of Applied Behavior Analysis (ABA) to teach specific skills required for successful social interaction. Our goal is to provide a positive, motivating, therapeutic and FUN social environment!

Please review the following policies and complete the application. Space is limited to ensure the small staff to client ratio. We encourage you to complete the packet as soon as possible. Once we receive your packet and review it, we will send you email notification of acceptance. *Please send your teen's completed packet to our Program Services Coordinator, Mazie@westonwood.org or drop it off on campus Monday-Friday from 8:30-4:00pm.* If you have any questions/concerns while completing this application packet, please contact us at 850-880-2220.

Payment:

The cost for the 8-week session is **\$200**. Groups will be held on Thursday afternoons from 3:30-4:30pm beginning June 6th, 2024. Payment in full is due to Westonwood Ranch prior to or the first day of the group. Once you receive email notification of acceptance to the camp, you may mail your payment. Please **make checks payable to Westonwood Ranch, Inc and mail to 4390 US Highway 20 W Freeport, FL 32439.**

Group Meeting Dates (3:30-4:30pm each Thursday)

June 6th, 2024

June 13, 2024

June 20, 2024

June 27, 2024

July 4th NO GROUP

July 11, 2024

July 18, 2024

July 25, 2024

Aug 1, 2024

Cancellation & Dismissal:

75% of your payment will be refunded if a written request of cancellation is received 10 days prior to the first day of group. No refunds after this time. Westonwood Ranch reserves the right to dismiss a participant from the group due to inappropriate placement. Should your teen be dismissed from the group, the remaining paid balance will be refunded. There are no refunds or make ups for missed group meetings.



WESTONWOOD
RANCH

Social Skills Group Application

Applicant's Name	
Date of Birth	
Height and Weight	
Guardian's Name	
Guardian's Cell	
Email	
Primary Emergency Contact and Phone #	
Authorized Pick up other than listed Guardian (Please list all names and cell number)	

Please circle any of the following behaviors that the applicant frequently exhibits:

Crying/tantrums Property Destruction Self-injury Elopement
Stealing/Taking Throwing/Breaking objects Physical Aggression Verbal Aggression
Non-cooperative/Task Refusal Food Hoarding/Rigidities around eating

If the applicant exhibits self-injurious behaviors, please describe.

If the applicant exhibits physical aggression, please describe.

Please describe any additional behavioral concerns:

Applicant will be able to sit & follow directions in group instructions for at least 15 minutes without engaging in problem behavior **Yes No**

Does the applicant have a way to self-calm? Is there any object or activity that helps him/her return to a calm state?



WESTONWOOD
RANCH

What are the applicant's preferred items? (Foods, games, activities....)

HEALTH INFORMATION & HISTORY
(To be filled out by Parent/Guardian)

Height and Weight:	
Emergency Contact Name and Phone Number:	
Emergency Contact Address:	
Please list ALL allergies and describe reaction:	
Please list and DIETARY Restrictions or Food sensitivities	
Does the participant use the bathroom independently? If no, please describe level of assistance needed.	

Does the applicant take prescribed medications daily? Yes____ No____

Please List them Here:

Med Name:	Dose, Directions
1.	
2.	
3.	
4.	
5.	
6.	

Does the applicant need any special accommodation (i.e. physical)?

IN CASE OF EMERGENCY

Physician Name	
Physician Address	
Physician Phone Number	



WESTONWOOD
RANCH

SOCIAL SKILLS GROUP
ASSUMPTION OF RISK AND INFORMED CONSENT FORM

I, on behalf of my child and myself or personal representatives assigned, hereby represent, and agree as follows:

1. **POTENTIAL DANGER, HAZARD & RISK of INJURY:** I am aware that participation can potentially be dangerous and/or hazardous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation.

2. **STUDENT'S CURRENT HEALTH:** I represent and warrant that my child has no physical, health-related or other problems which would preclude or restrict their participation or otherwise render their participation dangerous or harmful to themselves or others. My child's fitness level and overall state of health is adequate to participate safely. I further represent and warrant that my child has adequate medical, health, and/or other insurance coverage.

4. **ASSUME RESPONSIBILITY:** Knowing the dangers, hazards and risks associated, and with sufficient knowledge of my child's physical conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation

5. **MEDICAL TREATMENT:** If an injury or medical emergency occurs during the program, Westonwood Ranch Staff has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the child to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

8. **RELEASE & INDEMNITY:** To the fullest extent permitted by law, I hereby release and forever discharge and agree not to sue and to indemnify and hold harmless Westonwood Ranch and their governing boards, officers, agents, employees, sponsors and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation, whether due to the negligence, mistake or other action or inaction of Westonwood Ranch staff, or any other person or entity involved in any way with Westonwood Ranch. I acknowledge that I am giving up valuable rights by signing this document.

Parent/Guardian Signature: _____ **Date:** _____



WESTONWOOD
RANCH

Photograph and Video Release

I do give permission to Westonwood Ranch Inc. to take photographs and videos of our child _____, for both classroom use and for promotion, publicity and donor relations

I do not authorize Westonwood Ranch Inc. to take photographs and videos of our child _____, for both classroom use and for promotion, publicity and donor relations

Parent/Guardian Signature: _____ Date: _____

Our facility is under 24-hour audio and video surveillance for the protection of our students, staff, animals, and physical facilities. Additionally, administration may use this footage for training, data collection, and supervision of staff and students. All footage and audio will be stored in a HIPAA compliant manner and will not be released to anyone for purposes other than the above mentioned without your express written consent. **By signing below, you are granting Westonwood Permission to record audio and video footage of your teen via camera on the property.**

Parent/Guardian Signature: _____ Date _____



Informed Consent & Protocol Development

Instruction and activities at Westonwood Ranch are conducted in a manner consistent with the science of Applied Behavior Analysis (ABA). All our programs are built utilizing empirically based research. In addition to reinforcement procedures, behavior reduction procedures may be utilized daily to help address problem behaviors that may arise. These behavior reduction procedures may include time out, Professional Crisis Management (PCM) add lingo and positive punishment techniques (where something is added to your teen's program that decreases the problem behaviors.) While we are not targeting behavior reduction with our programs, we may utilize these procedures if a problem behavior arises. Our therapists are thoroughly trained in all these procedures. Successful implementation of these methodologies is critical to our success in mediating any forms of self-injurious, aggressive, and other problem behaviors.

Therapists collect and monitor data on any maladaptive behaviors to ensure the student's success within the Westonwood programs. The Clinical Director will assess the severity of the behaviors and determine the right course of action to take. The Clinical Director is responsible for communicating with the parents/legal guardians within 24 hours about such problem behaviors and recommendations for more intensive behavioral treatment. If the Clinical Director deems Westonwood not the most appropriate program, Westonwood will then help the student and their family find a program/facility that will best accommodate the student's needs. It is the mission and drive of Westonwood Ranch that all our students receive the best and most appropriate treatment for their diagnosis therefore upon further assessment, our program may not suit the needs of all students.

As a parent/legal guardian of _____ (applicant's name), I
_____ (parent/legal guardian's name) understand the protocol development procedure and authorize the staff of Westonwood Ranch to implement empirically validated and research based behavior reduction procedures if my teen/adult engages in a behavior that is dangerous to themselves or others. For the safety of the staff and other clients, I understand that the behavior reduction procedures may be utilized during the group without prior permission. However, I understand that I will be notified within 24 hours with a course of action from the Clinical Director that aims to address the problem behavior.

Parent/Legal Guardian Signature _____ **Date** _____