



Children's Resources
Preschool & Elementary
Pre-Enrollment form

Dear Parents and Guardians,

Thank you for your interest in Children's Resources. Children's Resources is a 501 (c) 3, dedicated to providing educational and therapeutic programs that enhance the learning potential and life skills of children with special needs and to provide support to their families. CRF serves children ages 18 months through 5th grade with a wide range of developmental disabilities, such as, but not limited to, Autism, Pervasive Developmental Delays, ADHD, Apraxia, Cerebral Palsy, Sensory Integration Disorder, Language Disorders and Delays.

Our Inclusion Preschool program provides young children the tools necessary to begin their educational journey within a safe, nurturing and healthy environment. Each child focuses on their own developmentally appropriate path with the goal of entering mainstream education. Our Elementary program provides students with special needs a multi-modal, individualized educational curriculum within a small group setting. The learning environment emphasizes intellectual, social, emotional and physical development.

Along with the academic program, CRF also provides before and after-care as well as Speech, Occupational, Behavior and Physical Therapies for those students who benefit. During the Summer months, CRF provides an academic and fun summer camp program tailored to children with different abilities. Throughout the years, CRF has continued to develop and support programs focusing on helping children with special needs. Through the hard work, love and care of our members, teachers and therapists, CRF strives to help children by providing them with the educational opportunities and support necessary to develop their cognitive, social and life skills to reach their fullest potential.

Enclosed is the pre-enrollment application and questionnaire that needs to be completed prior to scheduling an Intake assessment. Once the forms are complete, you can email them to gdelvalle@crfcenter.org or fax them to 305-596-1186. If you prefer dropping them off please leave them with Ms. Janelle in the front office. We look forward to receiving your completed packet in order to schedule your Intake assessment.

Gigi Del Valle, M.S. ESE
Executive Director

Erika Berger, Psy. D.
Clinical Director



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Enrollment Application

Date: _____

Student Name _____ Preferred Name _____

Gender _____ Current age _____ Current grade _____ Current school _____

Describe your child's current classroom environment _____

Parent's Name _____ Contact phone number _____

Email _____

What are you looking for in a school _____

Why CRF? _____

Does child have a diagnosis? Yes ___ NO ___ if yes, please list _____

Does child have a current IEP? Yes ___ No ___ if yes, please attach with application

Does student have any known allergies? Yes ___ No ___ if yes, please list _____

Does the child have an EPI PEN? Yes ___ NO ___

Does the child have seizures ___ Yes ___ NO

Does the child require medication Yes ___ N o ___

If yes, please list medications _____

What therapies is your child receiving and how many times per week?

Readiness Skill

Eye Contact

- _____ Makes spontaneous eye contact
- _____ Only if asked
- _____ Does not make eye contact

Following Directions

- _____ Follows complex directions (2 or more steps)
- _____ Follows simple directions (1 step)
- _____ Can follow a one- step direction with minimal prompting
- _____ Does not follow any directions

Language Skills

- _____ Reciprocates information using sentences
- _____ Speaks in full sentences: approximate number of words in a sentence _____
- _____ Speaks in phrases: approximate number of words in a phrase _____
- _____ Uses single words
- _____ Communicates with signs
- _____ Does not use words or signs
- _____ Presents Echolalia

Toileting

- _____ Uses the bathroom completely independent
- _____ Is bowel trained only
- _____ Is urine trained only
- _____ Does not wear diapers but needs to be taken to the toilet
- _____ Wears diapers but can use the toilet
- _____ Wears diapers all the time and never uses the toilet

Dressing

- _____ Can dress independently
- _____ Assists in dressing
- _____ Needs to be dressed
- _____ Resists dressing

Eating

- _____ Uses all/most utensils appropriately
- _____ Uses fingers to feed self
- _____ Must be fed
- _____ Can drink from a straw
- _____ Has strong food aversions and preferences

Fine Motor Activities:

- _____ Inserts puzzles
- _____ Strings beads
- _____ Puts pegs in board
- _____ Takes turns with peer or parent
- _____ can use crayons/pencils
- _____ Builds with blocks

Gross Motor Activities:

- _____ Walks
- _____ Runs
- _____ Skips
- _____ Jumps
- _____ Rides a bike with training wheels
- _____ Rides a bike without training wheels

List other play skill in which child engages _____

Behavior/Social Emotional Development

Does your child engage in self-stimulatory behaviors? (i.e. rocking, hand movements, jumping, spinning or any other repetitive behaviors) Yes ____ NO ____ Please describe _____

Does your child present aggressive behaviors towards self? (biting, scratching, head banging) Yes ____ No ____ . Please describe _____

Does your child present aggressive behaviors towards others? (biting, scratching, head banging) Yes ____ No ____ . Please describe _____

Please list your child's like's _____

Please list your child's dislikes _____

Reading: (for Elementary students only)

- _____ Can read books on his grade level but does not have comprehension
- _____ Is reading books 1 year below his grade level but does not have comprehension
- _____ Is 2 year or more below his grade level
- _____ Is not reading
- _____ Is reading and comprehending at grade level

Math: (For Elementary students only)

_____ Is working on grade level in math

_____ Is working 1 year below grade level

_____ Is working 2 or more years below his grade level

How did you hear about CRF (please check below)?

_____ Family or Friend Name(Optional)_____

_____ Current CRF Family/ student Name(Optional)_____

_____ Online search _____ Magazine Name(Optional)_____

_____ Other _____

Please describe the goals you would like your child to achieve if you enroll at CRF.
