



Academic and Personal Profile

Thank you for communicating with WCATY about your child’s unique characteristics. This information is helpful to be able to know ahead of time in order to provide your child with the best program experience possible. While we have tried to take multiple factors into account while creating this document, please know that we understand each child is unique and additional information may be required. Please feel free to send any additional documents you think may be helpful to our residential or academic staff. You can call the office at 608-890-3260 or email at wcaty@education.wisc.edu. All of this information will be kept confidential based upon the parameters you identify.

General Student Information:

Student Preferred Name: _____ **Circle One:** ALP STEP PACE YSSP GEM
Preferred Pronoun(s): _____ **Preferred Gender:** _____
Class Choice #1: _____ **Class Choice #2:** _____
Guardian Name: _____ **Relationship:** _____
Email: _____ **Phone:** _____

Confidentiality Request:

Please put a √ next to the individuals you would like WCATY to share this information with. Please know that by default, this information has been shared with the WCATY Program Director and Site Coordinator.

Classroom Instructor Educational Assistant Residential Assistant Program Staff

Please put a √ next to the method you would like this information shared with the individual(s) above. Please know that the original hard copy will stay in their student folder for the duration of their WCATY experience unless otherwise communicated.

Physical Paper Copy Electronic Copy Verbally Communicated Other: _____

Nature of Student:

What is the nature of the accommodation for which you are requesting? (check all that apply)

Learning Disability ADD/ADHD Psychiatric Physical Limitation
 Hearing Impairment Visual Impairment Social Limitation Depression/Anxiety
 Gender/Sexuality Autism Spectrum Health Related Other: _____

Describe your child and how their characteristics may affect their WCATY experience.

What strategies have worked with your child? What strategies do not work?

Additional information that may be helpful to WCATY.

Additional Supporting Documents

Please feel free to include or attach any other additional outside documents you think may be helpful. The additional documents you send will fall under the same confidentiality guidelines as you have stated above. The information can be sent electronically to wcaty@education.wisc.edu, faxed to 608-890-4309, or sent to WCATY, 225 N. Mills St. Suite 264, Madison, WI 53706.

WCATY • Suite 264 Teacher Education Bldg., 225 N. Mills St., Madison, WI 53706
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