UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMATION				
Name of Agency/Scho	ool: Bellows Free Academy-Fairfax			
Physical Address: 75 H	Hunt Street, Fairfax, VT 05405			
Website: Bellows Free Academy - Fairfax				
Phone Number: 849-6				
Fax Number: 849-261			_	
Type of School:	□ Elementary	Type of Agency:	Community Counseling	
	⊠ Middle		\square College Counseling	
	⊠ Secondary		\square Alcohol/Drug Counseling	
	oxtimes Public or $oxtimes$ Private		\square Integrated Health/MH	
Agency Administrator Phone Number: 849-6 Email Address:	/School Principal: John Tague 5711		☐ Other: Enter information	
Contact Person: Kath	erine McFlrov			
Phone Number:	ernic Wellioy			
Email Address: kmcelroy@fwsu.org				
PRACTICUM/INTERN	ISHIP EXPERIENCE INFORMATION			
	only, are you available to host a student 4-5 hrs per week, Spring only)		: x. 20-24 hrs/week across year)*	
* <u>Note</u> : For clinical me	ntal health sites, it will be assumed that	this form is being compl	eted as an internship site	
	racticum or internship student (please d a practicum/internship student would be expected to a			
building. Each school	olic school of about 1000 students. We has its own principal and school counsel would be expected to be involved in all as	or. We can offer a full sc	hool counseling internship at all	
Please check which of	the following activities the practicum/in	starnshin student would	narticinate in:	
Please check which of the following activities the practicum/internship student would participate in: ☐ Family/couples counseling ☐ Individual counseling - college age				
☐ Group counseling		☐ Individual co		
□ Consultation	oxtimes Individual counseling - adolescen	t \Box Other (please	e specify): Click or tap here to enter text.	
	FORMATION			
SITE SUPERVISOR IN	FURIVIATION	16.1		
Check one:	ontal Hoalth Councelor	<u>-</u>	If there is a second supervisor, check one: ☐ Licensed Mental Health Counselor	
☐ Licensed Mental Health Counselor ☑ Licensed School Counselor		Licensed School Counselor		
□ Psychologis		□ Psychologist		
☐ Social Worker		Social Worker		
☐ Certified Drug and Alcohol Counselor			☐ Certified Drug and Alcohol Counselor	
☐ Psychiatrist		☐ Psychiatrist		

Name of Site Supervisor: Katherine McElroy Graduate Degree(s) and Licenses Held:

Position Title: Director of Guidance Years of Experience in the Field <i>Post-Licensure</i> :	
Name of Second Site Supervisor: Graduate Degree(s) and Licenses Held: Position Title: Years of Experience in the Field <i>Post-Licensure</i> :	
APPLICATION INFORMATION	
Internship Application Deadline: Enter date	
Internship Application Materials Required: ☐ Cover Let ☐ Interview	etter $oxtimes$ Resume $oxtimes$ Site Application w Required $oxtimes$ Other: Click or tap here to enter text.
Site Is Available for the Following Semester(s): □ Fall (Only two semesters of internship are required)	
Internship Provides Stipend: \square Yes \square No \square Possibly	
Other Relevant Application Information: Click or tap here to enter text.	
Where (to whom) to submit materials: Katherine McElroy Email/Website: kmcelroy@fwsu.org	
FORM COMPLETED BY	
Name: Liana Redmond	
For office use only: Date received/updated by the UVM Counseling Program 1/15/2021	