UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

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|--|--|------------------------------------|--|--|
| SITE INFORMATIO | N | | | |
| | hool: Middlebury Union High School | | | |
| Physical Address: 73 Charles Ave., Middlebury, VT 05753 Website: Middlebury Union High School Phone Number: 802-382-1500 | | | | |
| | | | | |
| Type of School: | ☐ Elementary | Type of Agency: | ☐ Community Counseling | |
| | ☐ Middle | | □ College Counseling□ Alcohol/Drug Counseling□ Integrated Health/MH□ Other: Enter information | |
| | ⊠ Secondary | | | |
| | oxtimes Public or $oxtimes$ Private | | | |
| | | | | |
| | or/School Principal: William Lawson, M.Ed | ., Principal | | |
| Phone Number: 802 | | | | |
| Email Address: Ente | er email address | | | |
| Contact Person: Adrien Preston, School Counselor | | | | |
| Phone Number: 802 | | | | |
| Email Address: apro | eston@acsdvt.org | | | |
| PRACTICUM/INTE | RNSHIP EXPERIENCE INFORMATION | | | |
| | | | | |
| | For K-12 school sites only, are you available to host a student for (check all that apply): | | | |
| □ Practicum (appro | x. 4-5 hrs per week, Spring only) | 🗵 Internship (app | rox. 20-24 hrs/week across year)* | |
| * <u>Note</u> : For clinical n | nental health sites, it will be assumed that t | his form is being comp | oleted as an internship site | |
| (Briefly list the responsibilit | n practicum or internship student: ties a practicum/internship student would be expected to as leliver the comprehensive school counseling | | nd identify client population(s) you serve) | |
| • individual counse | eling | | | |
| • small group couns | seling | | | |
| • consultation/refe | rral | | | |
| academic advising | | | | |
| • future planning | | | | |
| Please check which | of the following activities the practicum/in | ternship student woul | d participate in: | |
| ☐ Classroom guidance | ☐ Family/couples counseling | | ounseling - college age | |
| ☑ Group counseling☑ Consultation | ☐ Individual counseling - children ☑ Individual counseling - adolescent | | ounseling - adults se specify): Click or tap here to enter text. | |
| <u> Consultation</u> | 23 marviadai codiiseiliig - adolescent | □ Other (pieu | se specify). Chek of tap here to enter text. | |
| SITE SUPERVISOR | INFORMATION | | | |
| Check one: | | If there is a second su | | |
| ☐ Licensed Mental Health Counselor | | ☐ Licensed Mental Health Counselor | | |

| ∠ Licensed School Counselor | ☐ Licensed School Counselor | | | |
|---|---|--|--|--|
| ☐ Psychologist | ☐ Psychologist | | | |
| \square Social Worker | ☐ Social Worker | | | |
| ☐ Certified Drug and Alcohol Counselor | ☐ Certified Drug and Alcohol Counselor | | | |
| ☐ Psychiatrist | ☐ Psychiatrist | | | |
| Name of Site Supervisor: Michelle Rath | | | | |
| Graduate Degree(s) and Licenses Held: M.Ed. and | nd Ph.D. / Licensed School Counselor | | | |
| Position Title: School Counselor | | | | |
| Name of Second Site Supervisor: Allison Stebe | | | | |
| Graduate Degree(s) and Licenses Held: Master' | s Level Licensed School Counselor | | | |
| Position Title: School Counselor | | | | |
| APPLICATION INFORMATION | | | | |
| Internship Application Deadline: Enter date | | | | |
| Internship Application Materials Required: Cover Letter Resume Site Application | | | | |
| | ☐ Other: Click or tap here to enter text. | | | |
| Site Is Available for the Following Semester(s): | | | | |
| Are You Able To Accommodate Summer Only* | Interns? ☐ Yes ☐ No | | | |
| *For students who have already completed 2 se | | | | |
| 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: Adrien F | reston, apreston@acsdvt.org | | | |
| FORM COMPLETED BY | | | | |
| Name: Liana Redmond | | | | |
| For office use only: | | | | |
| Date received/updated by the UVM Counseling Program October 2020 | | | | |