



The University of Vermont

Counseling Program

PRACTICUM PLACEMENT CONTRACT

The following constitutes an agreement among the student, site-supervisor, and UVM faculty supervisor. This agreement specifies each person's responsibilities in fulfilling the Counseling Program on-site requirements of the Internship. This form is to be completed by the Site Supervisor and Practicum Student and submitted to the UVM School Counseling Coordinator with a copy of the Site Supervisor's credentials/resume. Original is kept in the student's permanent file.

PLEASE PRINT CLEARLY

Student Name:			
Student Home and/or Cell Phone:			
Placement Agency/School Name:			
Agency/School Phone:			
(If school, indicate elementary, middle or high school level.) Please check one.	ELEMENTARY	MIDDLE	HIGH SCHOOL
Placement/Agency Mailing Address:			
Name of Agency Administrator/School Principal:			
Site-supervisor Name:			
Site-supervisor's licensure/certification Type and Number. (Resume*)			
Site-supervisor Day Phone:			
Site-supervisor E-Mail Address:			

APPROX # HOURS AT SITE PER WEEK:	YEAR		DATE FROM	DATE TO
SEMESTERS AT THIS SITE (PLEASE CHECK ALL THAT APPLY):	FALL	SPRING	SUMMER	ACADEMIC YEAR

STUDENT RESPONSIBILITIES:

I have read and accept the responsibilities and expectations as outlined in the Internship Handbook.

Student Signature	Date	UVM Advisor Signature	Date
Site-supervisor Signature	Date	Agency Administrator/School Principal Signature	Date

* Please attach a current, short-form resume to be placed on permanent file in the Counseling Program, University of Vermont, 101A Mann Hall, 208 Colchester Avenue, Burlington, VT 05405-1757. PHONE: 802-656-3888, FAX: 802-656-3173, EMAIL: cslgprog@uvm.edu.

Distribution: Original in Student's Permanent File, copies: UVM Faculty Supervisor, Site-supervisor, Student

8/28/2018