

# UVM COUNSELING PROGRAM

## Practicum/Internship Field Site Information Form

---

### SITE INFORMATION

Name of Agency/School: Stowe High School

Physical Address: 413 Barrows Rd, Stowe, VT 05672

Website: [Stowe High School](http://Stowe High School)

Phone Number: (802) 888-4541

Fax Number: Enter fax number

Type of School:  Elementary  
 Middle  
 Secondary  
 Public or  Private

Type of Agency:  Community Counseling  
 College Counseling  
 Alcohol/Drug Counseling  
 Integrated Health/MH  
 Other: Enter information

Agency Administrator/School Principal: Gretchen Muller

Phone Number: (802)253-2669

Email Address: [Gretchen.Muller@Issuvt.org](mailto:Gretchen.Muller@Issuvt.org)

Contact Person: Patti Tomashot

Phone Number: Enter phone number

Email Address: [Patricia.Tomashot@Issuvt.org](mailto:Patricia.Tomashot@Issuvt.org)

---

### PRACTICUM/INTERNSHIP EXPERIENCE INFORMATION

For K-12 school sites only, are you available to host a student for (check all that apply):

Practicum (approx. 4-5 hrs per week, Spring only)

Internship (approx. 20-24 hrs/week across year)\*

*\*Note: For clinical mental health sites, it will be assumed that this form is being completed as an internship site*

Responsibilities of a practicum or internship student:

*(Briefly list the responsibilities a practicum/internship student would be expected to assume in your school/agency and identify client population(s) you serve)*

Provide social, emotional, academic and future planning support for all students grades 9-12

Please check which of the following activities the practicum/internship student would participate in:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Classroom guidance       | <input type="checkbox"/> Family/couples counseling                     | <input type="checkbox"/> Individual counseling - college age                                   |
| <input checked="" type="checkbox"/> Group counseling         | <input type="checkbox"/> Individual counseling - children              | <input type="checkbox"/> Individual counseling - adults  |
| <input checked="" type="checkbox"/> Consultation<br>planning | <input checked="" type="checkbox"/> Individual counseling - adolescent | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): academic advising, future |

---

### SITE SUPERVISOR INFORMATION

Check one:

- Licensed Mental Health Counselor  
 Licensed School Counselor  
 Psychologist  
 Social Worker  
 Certified Drug and Alcohol Counselor  
 Psychiatrist

If there is a second supervisor, check one:

- Licensed Mental Health Counselor  
 Licensed School Counselor  
 Psychologist  
 Social Worker  
 Certified Drug and Alcohol Counselor  
 Psychiatrist

Name of Site Supervisor: Patti Tomashot  
Graduate Degree(s) and Licenses Held: Licensed School Counselor  
Position Title: Director of School Counseling

Name of Second Site Supervisor: Enter name  
Graduate Degree(s) and Licenses Held: Enter information  
Position Title: Enter position title

---

#### 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):  Fall  Spring  Summer

Are You Able To Accommodate Summer Only\* Interns?  Yes  No

*\*For students who have already completed 2 semesters of internship at another site*

Internship Provides Stipend:  Yes  No  Possibly

Other Relevant Application Information:  
Click or tap here to enter text.

Where (to whom) to submit materials: [Patricia.Tomashot@Issuvt.org](mailto:Patricia.Tomashot@Issuvt.org)

---

FORM COMPLETED BY

Name: Liana Redmond

*For office use only:*

Date received/updated by the UVM Counseling Program    October 2020