UVM Counseling Program
School Counseling Practicum/Internship Field Site Information Form

Name of School: Champlain Elementary School

Address of School: 800 Pine Street, Burlington, VT 05401

Website: http://champlain.bsdvt.org/

Phone Number of School: 864-8477 Fax Number: 

Type of Agency/School: School: X Elementary ☐ Middle ☐ Secondary
                        X Public or ☐ Private

Please check preferred method of contact

Primary School Contact Person(s): Greg Kriger, School Counselor
                                Phone Number: 864-8503
                                Email: gkriger@bsdvt.org

Other School Counselors working in this school (name/grade):

Name: ___________________________ Grade: __

Name: ___________________________ Grade: __

Name: ___________________________ Grade: __

School Principal: Dorinne Dorfman Phone Number: 864-8489

Briefly (1) list the responsibilities a practicum/intern student would be expected to assume in your school/agency and (2) briefly identify client population(s) you serve:

(1) Regular school counselor activities, group, classes, 1:1, meetings, consultation, etc.
(2)

Please indicate the approximate percentage of time an intern will spend facilitating the following:

  x  Classroom Guidance  x  Group Counseling  x  Consultation  x  Individual Counseling

  ____ Other (please specify): ______________________________________________________

Additional Comments:

Date Received: ___________________________ Date Updated: 12/2016 _________________________

Name of person completing this form: Lance Smith ________________________________

January 24, 2017