

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

**THIS SITE HAS BEEN TAKEN FOR THE 2018-19 ACADEMIC YEAR**

Name of Agency/School: Counseling Service of Addison County-Community Rehabilitation and Emergency Team

Address of Agency/School: 89 Main Street, Middlebury, VT 05753

Phone Number of Agency/School 802 388 6751 Website Address: \_\_\_\_\_

Type of Agency/School: **School:**  Elementary  Middle  Secondary  Public or  Private  
**Agency:**  Community Counseling  College Counseling  Alcohol/Drug Counseling  Other: \_\_\_\_\_

Agency Administrator/School Principal: \_\_\_\_\_ Phone Number \_\_\_\_\_

Agency/School Contact Person: Zelda Alpern *Please also check preferred method of contact*  
Phone Number: 802 388 6751  
 Email: zalpern@csac-vt.org

Briefly (1) list the responsibilities a practicum/internship student would be expected to assume in your school/agency and (2) briefly identify client population(s) you serve: facilitation of group work with adults enrolled in our community mental health services, possibly group work with adult residential program participants, co-facilitation of family and network meetings with adults referred through our crisis, adult outpatient, developmental services and youth & family programs.

Please check which of the following activities the practicum/internship student would participate in:  
 classroom guidance  family/couples counseling  individual counseling - college age  
 group counseling  individual counseling - children  individual counseling - adults  
 consultation  individual counseling - adolescent  other (please specify): training & individual and group supervision in dialogic practice

Site Supervisor:  
Check one:  
 Licensed Mental Health Counselor  
 Licensed School Counselor  
 Psychologist  
 Licensed Social Worker  
 Certified Drug and Alcohol Counselor  
 Psychiatrist

If there is a second site supervisor:  
Check one:  
 Licensed Mental Health Counselor  
 Licensed School Counselor  
 Psychologist  
 Social Worker  
 Certified Drug and Alcohol Counselor  
 Psychiatrist

Name Zelda Alpern

Name: \_\_\_\_\_

Graduate Degree(s) Held MSW

Graduate Degree(s) Held \_\_\_\_\_

Position Title Community Rehabilitation & Treatment and Emergency Team Clinician

Position Title \_\_\_\_\_

Internship Application Deadline (if relevant): \_\_\_\_\_

Internship Application Materials Required:  Cover Letter  Resume  Site Application  
 Other: face to face meetings

Where (to whom) to submit materials: Zelda Alpern

Name of person completing this form: Zelda Alpern

*For office use only:*

Date Received by UVM Counseling Program Julie Welkowitz

January 31, 2018