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: x Community Counseling

Type of Agency/School: 
- School: Elementary

- School: Middle

- School: Secondary

- School: Public or Private

Agency Administrator/School Principal: 
Name: Zelda Alpern
Phone Number: 802 388 6751
Email: zalpern@csac-vt.org

Agency/School Contact Person: Zelda Alpern
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
- Group counseling
- Consultation
- Individual counseling - children
- Individual counseling - adults
- Individual counseling - adolescent
- Individual counseling - college age
- Individual counseling - 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

Name: Zelda Alpern

Graduate Degree(s) Held: MSW

Position Title: Community Rehabilitation & Treatment and Emergency Team Clinician

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: 

Graduate Degree(s) Held: 

Position Title: 

Internship Application Deadline (if relevant): 

Internship Application Materials Required:
- Cover Letter
- Resume
- Site Application

X 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: