SITE INFORMATION
Name of Agency/School: Laraway Youth and Family Services
Physical Address: 275 Route 15 West, Johnson, VT 05656
Website: Laraway
Phone Number: 802-635-2805 ext. 116
Fax Number: 802-635-3696
Type of School: ☒ Elementary
☐ Middle
☒ Secondary
☐ Public or ☐ Private
Type of Agency: ☒ Community Counseling
☐ College Counseling
☐ Alcohol/Drug Counseling
☐ Other:
Agency Administrator/School Principal: Greg Stefanski
Phone Number: 802-635-2805 ext. 102
Email Address:
Contact Person: Rhonda Stewart
Phone Number: 802-635-2805 ext. 105
Email Address: rstuart@laraway.org

INTERNSHIP EXPERIENCE INFORMATION
Responsibilities of a practicum/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)
- Interns typically provide a mix of individual and group therapy and at times family therapy. They may attend internal meetings or team meetings for clients, at times they may be part of clinical trainings or some other clinical project. They are provided individual and group supervision and work as part of our team.
- We serve “At- Risk” youth and families from across the state as well as providing outpatient therapy services to our local community. We are connected to a local public elementary school where the last 3 years interns have provided psychotherapy.
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): Click or tap here to enter text.

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: Supervisors vary, TBD
Graduate Degree(s) and Licenses Held:
Position Title:

Name of Second Site Supervisor:
Graduate Degree(s) and Licenses Held:
Position Title:
APPLICATION INFORMATION
Internship Application Deadline:
Internship Application Materials Required: ☒ Cover Letter ☒ Resume ☐ Site Application ☐ Other:
Site Is Available for the Following Semester(s): ☐ Fall ☐ Spring ☐ Summer ☒ Academic Year

Other Relevant Application Information:

Where (to whom) to submit materials: Rhonda Stewart

FORM COMPLETED BY
Name: Julie Welkowitz

For office use only:
Date received/updated by the UVM Counseling Program 1/3/2019