

# UVM COUNSELING PROGRAM

## Practicum/Internship Field Site Information Form

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### 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](mailto:rstuart@laraway.org)

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### 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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Classroom guidance          | <input checked="" type="checkbox"/> Family/couples counseling          | <input type="checkbox"/> Individual counseling - college age  |
| <input checked="" type="checkbox"/> Group counseling | <input checked="" type="checkbox"/> Individual counseling - children   | <input checked="" type="checkbox"/> Individual counseling - adults  |
| <input checked="" type="checkbox"/> Consultation     | <input checked="" type="checkbox"/> Individual counseling - adolescent | <input type="checkbox"/> Other <i>(please specify)</i> : <a href="#">Click or tap here to enter text.</a> |
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### 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:

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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](#)

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FORM COMPLETED BY

Name: Julie Welkowitz

*For office use only:*

Date received/updated by the UVM Counseling Program 1/3/2019