UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMATION								
Name of Agency/Schoo	l: WCMHS, Children Youth and Family Se	ervices						
- · · · · · · · · · · · · · · · · · · ·	Barre Road, Barre, VT 05641							
Website: Washington C	ounty Mental Health Services							
Phone Number: 802-47	6-1480							
Fax Number: 802-223-8	623							
Type of School:	☐ Elementary	Type of Agency:	□ Community Counseling					
	☐ Middle		☐ College Counseling					
	☐ Secondary		☐ Alcohol/Drug Counseling					
	\square Public or \square Private		☐ Other:					
Agency Administrator/S	school Principal: Nicole Grenier, MHA, D	Director, Children, Youth	n and Family Services					
Phone Number: 802-47		,	,					
Email Address: Nicoleg(@wcmhs.org							
Contact Person: Nicole	Grenier, MHA, Director, Children, Youth	and Family Services						
Phone Number: 802-476-1480								
Email Address: Nicoleg(@wcmhs.org							
INTERNSHIP EXPERIEN	ICE INFORMATION							
Responsibilities of a pra	cticum/internship student:							
	oracticum/internship student would be expected to ass							
Varied opportunities to	provide counseling to children, youth a	nd families. Specific res	sponsibilities vary by program.					
	he following activities the practicum/int	-						
☐ Classroom guidance☒ Group counseling	☑ Family/couples counseling☑ Individual counseling - children	□ Individual cou	nseling - college age					
☐ Consultation	☐ Individual counseling - adolescent		specify): Activity based					
	<u> </u>							
SITE SUPERVISOR INFO	DRMATION							
Check one:		If there is a second supervisor, check one:						
□ Licensed Mental Health Counselor		□ Licensed Mental Health Counselor □ □						
☐ Licensed School Counselor		☐ Licensed School Counselor						
☐ Psychologist		☐ Psychologist						
⊠ Social Worker		, •						
_		⊠ Social Worker						
☐ Psychiatrist	and Alcohol Counselor	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
		⊠ Social Worker	cohol Counselor					
Name of Site Supervisor	and Alcohol Counselor	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
Name of Site Supervisor Graduate Degree(s) and	and Alcohol Counselor r: More than 1 available	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
	and Alcohol Counselor r: More than 1 available	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
Graduate Degree(s) and	and Alcohol Counselor r: More than 1 available I Licenses Held:	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
Graduate Degree(s) and Position Title:	and Alcohol Counselor r: More than 1 available I Licenses Held: pervisor:	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					
Graduate Degree(s) and Position Title: Name of Second Site Su	and Alcohol Counselor r: More than 1 available I Licenses Held: pervisor:	☑ Social Worker☐ Certified Drug and Ale	cohol Counselor					

APPLICATION INFORMATION

Internship Application Deadline: Rolling Application Process

Internship Application Materials Required: for how to access application)	⊠ Cover Letter		⊠ Resume	⊠ Site Application (see below				
	\square Other:							
Site Is Available for the Following Semester(s):	☐ Fall	☐ Spring	g 🗆 Sum	mer 🛭	Academic Year			
Other Relevant Application Information: Provide as much detail as possible on the cover letter and application regarding requirements, such as supervisor credentials, hours needed, etc.								
Where (to whom) to submit materials: Internships								
FORM COMPLETED BY								
Name: Julie Welkowitz, with information from Nicole Grenier, Director								

For office use only:
Date received/updated by the UVM Counseling Program 1/2/2019