UVM Counseling Program School Counseling Internship Field Site Information Form

Name of School: _We	stford School				
Address of School:14	46 Brookside Ro	l, Westford, VT	05494		
Website: <u>https://wes</u>	tford.ccsuvt.org	<u>ự/</u>			
Phone Number of School:	878-5932		Fax Number	: _(802).879.0874	
Type of Agency/School:	School:	X Elementary X Public or		Secondary	
Primary School Contact Pe X6509	erson(s): _Steph	-	Phor	hod of Contact- ne Number: 857 1: <u>sjones@ccsuv</u>	-7000
Other School counselors w	orking in this so	chool (name/grad	le)		
	U	_ Phone Number:			_Grade:
Name:	_ Phone Number:		Email:		_Grade:
Name:	_ Phone Number:		Email:		_ Grade:
School Principal: Marcie Lewis			Email: mlewis@ccsuvt.org		

Briefly (1) list the responsibilities a practicum/intern student would be expected to assume in your school/agency and (2) briefly identify client population(s) you serve:

- (1) Interns would be welcomed to run small groups, meet 1:1 with students, teach guidance classes, attend team meetings,
- (2) Westford School is a member of the Chittenden Central Supervisory Union (CCSU) located in the beautiful town of Westford, VT. This community school serves children prek to 8th grade. There are approximately 195 students in attendance, which includes preschoolers in our EEE program.

Please Indicate the approximate percentage of time an intern will spend facilitating the following:

_30__ Classroom Guidance _25__ Group Counseling __15_ Consultation __25_ Individual Counseling

_5__ Other (please specify): Whatever else comes up! For example covering a class for a teacher._____

**These are approximate % times every week is different.