SITE INFORMATION
Name of Agency/School: Brown River Middle School
Physical Address: 20 River Rd, Jericho, VT 05465
Website: https://brownsriver.cesuvt.org
Phone Number: 802-899-3711
Fax Number: 802-899-4281
Type of School:  ☑ Middle
Type of Agency:  ☑ Public or ☐ Private
Agency Administrator/School Principal: Kevin Hamilton
Phone Number: 802-899-3711
Email Address: brmscontact@cesuvt.org
Contact Person: Gregory Martin
Phone Number: 802-899-3711
Email Address: greg.martin@cesuvt.org

INTERNERSHIP 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)
Staff & team meetings, 1:1 with students, solution based therapy, teaching guidance class, observations, running small groups, supervision

Please check which of the following activities the practicum/internship student would participate in:
☐ Classroom guidance
☐ Group counseling
☐ Consultation
☐ Family/couples counseling
☐ Individual counseling - children
☐ Individual counseling - adolescent
☐ Individual counseling - college age
☐ Individual counseling - adults
☐ Other (please specify): Parent & staff support

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: Gregory Martin
Graduate Degree(s) and Licenses Held: Masters level licensed school counselor
Position Title: 5th & 6th grade school counselor

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: Greg Martin, greg.martin@cesuvt.org

FORM COMPLETED BY
Name: Julie Welkowitz with input from Greg Martin

For office use only:
Date received/updated by the UVM Counseling Program 1/11/2019