UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMATION								
	ool: Mount Mansfield Union High School							
• .	Browns Trace Road, Jericho, VT 05465							
Website: https://mm								
Phone Number: 802-								
Fax Number: 802-899								
	_	Tune of Agency	Community Counciling					
Type of School:	☐ Elementary	Type of Agency:	☐ Community Counseling					
	☐ Middle		☐ College Counseling					
	⊠ Secondary		☐ Alcohol/Drug Counseling					
	□ Public or □ Private		☐ Other:					
Agency Administrato	r/School Principal: Mike Weston							
Phone Number: 858-	Phone Number: 858-1761							
Email Address: micha	nel.weston@cesuvt.org							
Contact Person: Krist	ten Barker, MS, Director of Student Service	es						
Phone Number: 802-858-1768								
Email Address: kristen.barker@cesuvt.org								
Contact Person (for 2	2019-2020 applicants): Toni Chandler, Scho	ool Counselor						
Phone Number: 802-	· · · · · · · · · · · · · · · · · · ·							
Email Address: toni.c	handler@cesuvt.org							
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INTERNSHIP EXPERI	ENCE INFORMATION							
	oracticum/internship student:							
	s a practicum/internship student would be expected to ass							
	udents grades 9-12 as well as the paren		y will be expected to assume					
many of the respons	sibilities handled by the school counsel	or.						
Please check which o	f the following activities the practicum/int	ernship student woul	d participate in:					
	☐ Family/couples counseling	·						
□ Group counseling	\square Individual counseling - children	☐ Individual counseling - adults						
□ Consultation	☐ Individual counseling - adolescent	⊠ Other (<i>plea</i> :	se specify): College counseling, scheduling, academic advising					
SITE SUPERVISOR IN	IFORMATION							
Check one:		If there is a second supervisor, check one:						
☐ Licensed M	ental Health Counselor	☐ Licensed Mental Health Counselor						
∠ Licensed Sc ✓ L	hool Counselor	☐ Licensed School Counselor						
☐ Psychologis	t	☐ Psychologist						
☐ Social Work	ker	☐ Social Worker						
☐ Certified Drug and Alcohol Counselor		☐ Certified Drug and	Alcohol Counselor					
☐ Psychiatrist		☐ Psychiatrist						

Name of Site Supervisor: Toni Chandler (2019-2020)

Graduate Degree(s) and Licenses Held:

Position Title: 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☑ Other: .		Resume	☐ Site Application					
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Site Is Available for the Following Semester(s): Either Fall or Spring Semester, not both	⊠ Fall	Spring	∐ Sum	imer	☐ Academic Year				
Other Relevant Application Information:									
Where (to whom) to submit materials: Toni Chandler, toni.chandler@cesuvt.org									
FORM COMPLETED BY									
Name: Julie Welkowitz, with input from Kristen Barker and Toni Chandler									
For office use only:									
Date received/updated by the UVM Counseling Program 1/9/2019									