SITE INFORMATION
Name of Agency/School: Williston Central School (K-8)
Physical Address: 195 Central School Drive, Williston, VT 05495
Website: https://www.cvsdvt.org/williston
Phone Number: 878-2762
Fax Number: 879-5830
Type of School: ☒ Elementary ☐ Middle ☐ Secondary
Type of Agency: ☐ Community Counseling ☐ College Counseling ☐ Alcohol/Drug Counseling ☐ Other:
Agency Administrator/School Principal: Jacqueline Parks & Greg Marino
Phone Number: 871-6103
Email Address: JParks@cvsdvt.org and GMarino@cvsdvt.org
Contact Person: Chris Ford
Phone Number: 802-871-6176
Email Address: CFord@cvsdvt.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)
(1) Regular school counselor activities, group, classes, 1:1, meetings, consultation, etc.
(2) School is a 1st-8th grade school.
Please check which of the following activities the practicum/internship student would participate in:
☒ Classroom guidance ☐ Family/couples counseling ☐ Individual counseling - college age
☒ Group counseling ☒ Individual counseling - children ☐ Individual counseling - adults
☒ Consultation ☒ Individual counseling - adolescent ☐ Other (please specify):

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: Chris Ford
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 ☒ Resume ☐ Site Application ☐ Other:

Site Is Available for the Following Semester(s): ☒ Fall* ☒ Spring ☐ Summer ☐ Academic Year

*There is already a UVM School Counseling student placed there for the Fall 2019 (deferred placement)

Other Relevant Application Information:

Where (to whom) to submit materials: Chris Ford, CFord@cvsdvt.org

FORM COMPLETED BY

Name: Julie Welkowitz with input from Chris Ford

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