## **UVM COUNSELING PROGRAM**

## Practicum/Internship Field Site Information Form

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SITE INFORMATIO	N			
Name of Agency/Sc	hool: Counseling Service of Addison	County (CSAC) – Youth and F	amily Services	
	9 Main Street, Middlebury, VT 05752	• •	,	
Website: Counseling	g Services of Addison County			
Phone Number: 802	2-388-6751			
Fax Number: Enter	fax number			
Type of School:	☐ Elementary	Type of Agency:	□ Community Counseling	
,,	☐ Middle	,, 5 ,	☐ College Counseling	
	☐ Secondary		☐ Alcohol/Drug Counseling	
	☐ Public or ☐ Private		☐ Integrated Health/MH	
	_		☐ Other: Enter information	
Executive Director:	Rachel Cummings		- other information	
Phone Number:	racher carrinings			
Email Address:				
2				
Contact Person: Co	rinna Stewart (Associate Director)			
Phone Number: 802				
Email Address: cstewart@cscac-vt.org				
	5			
PRACTICUM/INTE	RNSHIP EXPERIENCE INFORMATIO	N		
,				
For K-12 school site	s only, are you available to host a stu	ident for (check all that apply	y):	
	x. 4-5 hrs per week, Spring only)	• • • •	ox. 20-24 hrs/week across year)*	
* <u>Note</u> : For clinical n	nental health sites, it will be assumed	l that this form is being comբ	oleted as an internship site	
•	practicum or internship student (ple	•	·	
(Direjiy iist tile responsibilit	ies a practicum/internship student would be expec	ieu to assume in your school/agency al	ia identijy ciient population(s) you serve)	
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We provide individual and group supervision weekly with licensed staff. Our licensed clinicians include Master's level psychologists, clinical mental health counselors, social workers and alcohol and drug counselors. We match supervisor to student need.

We provide substance abuse treatment and mental health. We offer school based mental health internships and general outpatient mental health placements.

## Internship Activities:

- Minimum of 20 hours per week, 9 month commitment.
- Clinical notes/case management
- Team meeting participation/Peer supervision
- Licensed individual and group supervision weekly
- Individual counseling
- Group and family counseling
- Crisis services
- Open dialogue
- Office (or zoom) based
- Outreach community based

Please check which of the	following activities the practicum/int	ernship student would participate in:	
☐ Classroom guidance	☐ Family/couples counseling	☐ Individual counseling - college age	
□ Group counseling	☑ Individual counseling - children	☐ Individual counseling - adults	
☐ Consultation	oximes Individual counseling - adolescent	☐ Other ( <i>please specify</i> ): Click or tap here to enter text.	
SITE SUPERVISOR INFORI	MATION		
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	
☐ Certified Drug and Alcohol Counselor		☐ Certified Drug and Alcohol Counselor	
☐ Psychiatrist		□ Psychiatrist	
Name of Site Supervisor: C	orinna Stewart		
Graduate Degree(s) and Lic	censes Held: MA-Psych, LADC		
Position Title:	,		
Years of Experience in the	Field <b>Post-Licensure</b> :		
·		cific placement; CSAC has many qualified supervisors	
	censes Held: Enter information	one placement, contentas many quamica supervisors	
Position Title: Enter position			
· ·			
rears of experience in the	Field <i>Post-Licensure</i> : Enter # of Years	,	
APPLICATION INFORMAT	TON		
Internship Application Dea	dline: Rolling, but applications should	d be in by January.	
Internship Application Mat			
The many Application Wat	•	equired  Other: Click or tap here to enter text.	
	△ IIIteiview K	equired $\square$ Other. Click of tap here to enter text.	
Site Is Available for the Fol	lowing Semester(s):     Fall	☐ Spring ☐ Summer	
(Only two semesters of inte		_ 556	
(Omy two semesters of me	ernsing are required,		
Internship Provides Stipen	d: $\square$ Yes $\square$ No $\boxtimes$ Possibly		
Other Relevant Application	Information:		
• •			
Please send the application	n through the website application pro	ocess and attach a resume & brief cover letter. * If	
students have difficulty wit	th the web app, it is fine to email me	directly – Corinna Stewart cstewart@csac-vt.org	
•	• • •	n Youth and Family Services, as well as a basic description	
	nical focus you are interested in.		
	-		
	tart sometime in February.		
All interns must	pass background checks (includi	ng driving record)	
Where (to whom) to subm	it materials: Online Application		
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FORM COMPLETED BY			
Name: Liana Redmond			

For office use only:
Date received/updated by the UVM Counseling Program: December 2020