UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMA	TION						
Name of Agenc	y/School: Centerpoint	Adolescent Treatmen	t Services				
Physical Addres	s: 1025 Airport Drive, S	South Burlington, VT (05403				
Website: Centerpoint							
Phone Number: 802-488-7711							
Type of School:	☐ Elementary☐ Middle☐ Secondary☐ Public or ☐	Private	Type of Agend		Community Counseling College Counseling Alcohol/Drug Counseling Integrated Health/MH Other: Enter information		
Contact Person: Olivia Sanders, LCMHC AAP, Clinical Director							
Phone Number: 802-488-7711							
Email Address:	OliviaS@CenterpointSe	ervices.org					
PRACTICUM/INTERNSHIP EXPERIENCE INFORMATION							
For K-12 school sites only, are you available to host a student for (check all that apply):							
	prox. 4-5 hrs per week, S		· · · · · · · · · · · · · · · · · · ·		s/week across year)*		
*Note: For clinical mental health sites, it will be assumed that this form is being completed as an internship site							
Please check the following population(s) that your organization serves:							
☐ Children enter text.	□ Adolescents	⊠ College Age	☐ Adults	\square Other (μ	please specify): Click or tap here to		
Responsibilities of practicum/internship student: (Briefly list expectations and responsibilities of practicum/internship student and please identify any <u>unique</u> client population(s) you serve – i.e., trauma, substance abuse, etc.)							

- Co-occurring mental health and substance abuse individual counseling for adolescents, young adults, and families in a diverse community health center setting.
- Opportunities for outpatient clinic as well as school-based services through partnerships between Centerpoint and local middle/high schools.
- Assessment and evaluation for co-occurring mental health and substance abuse issues
- Group counseling with adolescents.
- Case management and treatment planning on context of counseling caseload.
- Management of clinical documentation in electronic health records
- Participation in clinical team supervision, continuing education, and agency programming opportunities. Strong team approach and collaboration with other Centerpoint providers.
- Attention to holistic family and community health and wellness.
- Attention to social justice and developmental considerations when working with youth and families.

Please check which of the following activities the practicum/internship student would participate in and indicate a percentage:

*Note: Individual counseling and a minimum of 20 hours of group counseling are required for all internship sites.

☐ Individual Counseling: Majority of work	☐ Classroom Guidance/Instruction: Enter %	☐ Assessment: Enter %				
☐ Group Counseling: 1-1.5 hours a week in spring	☐ Workshop(s) Facilitation: Enter %	☐ Intake: Enter %				
☑ Family/Couples Counseling: TBD, based on clinical inte Management: Enter %	rest Consultation: Enter %	☐ Case				
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☐ Other (please specify & include percentage): Click or tap here to enter text.						
SITE SUPERVISOR INFORMATION						
Name of Site Supervisor(s): Site supervisors idea process. Intern program overseen by Olivia San Services Director) Graduate Degree(s) and Licenses Held:		·				
Position Title:						
Field Discipline (CMH, SW, Psychologist, SC, SAF	o).					
Years in Field Post Licensure:	1.					
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APPLICATION INFORMATION						
Internship Application Deadline: Accepting app Internship Application Materials Required:		e Application				
Open House/Information Session? ☐ Yes	⊠ No					
If yes, please provide more information:						
Site Is Available for the Following Semester(s):						
Internship Site Provides Compensation/Stipend	: □ Yes □ No ⊠ Possibly					
Other Relevant Application Information:						
In addition to a cover letter, resume, and refere questions in an additional document:	ences, we are hoping applicants can briefly resp	ond to the following				
2. 2- What specific skills or talents would	ship opportunities available, what specifically di you bring to share with our clients and with our ernship,' what factors or considerations would b	r team?				
Where (to whom) to submit materials: Please s	ubmit directly to Olivia Sanders at OliviaS@Ce	nterpointServices.org				
FORM COMPLETED BY Name: Olivia Sanders, LCMHC LADC on 11/17/2	1					

For office use only:
Date received/updated by the UVM Counseling Program 11/17/2021