UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMATION					
Name of Agency/School:	The Family P	lace			
Physical Address: 319 U.S	S. Route 5 Sou	uth, Norwich VT 05055	1		
Website: The Family Plac	e				
Phone Number: 802-649					
Fax Number: 802-649-32	70				
	☐ Elementary		Type of Agency	/: □ Comn	nunity Counseling
* *	□ Middle		7,00011.00110		ge Counseling
	☐ Secondary				ol/Drug Counseling
	□ Public or □	Private			rated Health/MH
				_	r: Parent Child Center
Contact Person: Tonya M	1cMurray				
Phone Number: 802-649	•	k cell 802-478-4912			
Email Address: tonyam@					
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PRACTICUM/INTERNSH	IIP EXPERIEN	ICE INFORMATION			
For K-12 school sites only	, are you ava	ilable to host a studen	t for (check all that	apply):	
☐ Practicum (approx. 4-5 h	•		☐ Internship (appro		across year)*
		. • .,			. ,
* <u>Note</u> : For clinical menta	l health sites,	it will be assumed tha	t this form is being	completed as an	internship site
Please check the followin	ng population	(s) that your organizat	ion serves:		
	cents	☐ College Age		☐ Other (please :	specify): Click or tap here to
enter text.				·	
Responsibilities of practions and respon abuse, etc.)		•	ease identify any <u>unique</u> cl	ient population(s) you se	erve – i.e., trauma, substance
•	atment, planı	ning and individual co	unseling for childre	en and adolescent	ts
Family counseling	-	_	· ·		
•	•	ng for Families Learnin	g Together Prograi	m (a research-bas	sed parenting and life
skills program fo		~	8 1 0 8 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(0.10000.01.000	ou parononia ana mo
• •		e and Learning progra	m around hehavior	al issues with en	rolled children
	-	es clients with some d			
			-		n Infant Mental Health.
rannines involved	With DCF. W	re provide cilila raien	it rsychotherapy a	nu nave a rocus o	iii iiiiaiit ivieiitai rieaitii.
Please check which of the	e following ac	ctivities the practicum/	internship student	would participate	e in and indicate a
percentage:		μ,	, , , , , , , , , , , , , , , , , , ,	The same participation	
h					
*Note: Individual counse	ling and a mii	nimum of 20 hours of g	group counseling ar	e required for all	internship sites.
☑ Individual Counseling: Enter	r 30%	☐ Classroom Guidance/	Instruction: Enter %	⊠ Δςςρςς	ment: Enter 10%
☐ Group Counseling: Enter 10		☐ Workshop(s) Facilitat			: Enter 10%
☐ Family/Couples Counseling: Enter 25%		□ Consultation: Enter 5			Nanagement: Enter 10%
\square Other (please specify & incl	ude percentage)	: Click or tap here to enter	text.		

SITE SUPERVISOR INFORMATION

Name of Site Supervisor(s): Tonya McMurray

Graduate Degree(s) and Licenses Held: M.Ed. in Mental Health Counseling, VT LCMHC

Position Title: Clinical Director

Field Discipline (CMH, SW, Psychologist, SC, SAP): CMH

Date received/updated by the UVM Counseling Program 11/29/2021

Years in Field Post Licensure: 17

APPLICATION INFORMATION						
Internship Application Deadline: No set date Internship Application Materials Required:	 ⊠ Cover Letter					
Open House/Information Session? ☐ Yes	⊠ No					
If yes, please provide more information: Click or tap here to enter text.						
Site Is Available for the Following Semester(s):	⊠ Fall					
Internship Site Provides Compensation/Stipend: \square Yes \boxtimes No \square Possibly						
Other Relevant Application Information: Click o	or tap here to enter text.					
Where (to whom) to submit materials: Tonya M	AcMurray at tonyam@the-family-place.org					
FORM COMPLETED BY Name: Tonya McMurray						
For office use only						