



## Basic PowerPoint Practicum Application (pg 1)

### Section A: General Information

Athlete Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

### Section B: ALPs University Practicum Information

Date of Class: \_\_\_\_\_ Instructor(s): \_\_\_\_\_ Deadline: \_\_\_\_\_

#### ***Practicum Goals Completed:***

Describe your PowerPoint presentations about Special Olympics.

1.

2.

Describe what you learned during this practicum.



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## Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

## Section D: Approval

*Must be signed below:*

_____	_____	_____	_____
Signature of ALPs Athlete	Date	Signature of Mentor	Date
_____	_____	_____	_____
Signature of ALPs County Coordinator	Date	Signature of ALPs Coordinator	Date

**Please submit completed application to:**

1. [alpsuniversity@gmail.com](mailto:alpsuniversity@gmail.com)
- OR
2. Special Olympics Indiana  
6200 Technology Center Drive, Suite 105  
Indianapolis, IN 46278  
or  
Fax (317) 328-2018