



Email, Internet Search Engines 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:

- Create or use existing email address: _____
- Research fundraising and email report to your instructors
- Send story & picture for "SO What" to Tracy Mortensen and alpsuniversity@gmail.com
- Reply to all of my instructor's emails
- Send your report about the class to the ALPs coordinator, County coordinator and Area coordinator and your instructors
- Send your research about a speech or AIC issue to your instructors
- Send your list of 3 improvements to Tech class to your instructors

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
OR
2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278
or
Fax (317) 328-2018