



# Athletes as Coaches Practicum Application (page 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): \_\_\_\_\_ Due Date: \_\_\_\_\_

My Class A status is current  Yes, date taken: \_\_\_\_\_

### *Practicum Goals Completed:*

How many hours of assisting the coach in training and competition did you complete? \_\_\_\_\_  
(10 hours required)

Describe what you did to assist the coach.

Use your notes in your Sport Assistant Diary to help you 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

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**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