



# 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

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#### 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