



# Health & Fitness Advocates Practicum Form (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 Goal Completed:

- Practicum Goal: \_\_\_\_\_

Describe how you met this goal:

Describe what you learned about leadership from this practicum:

What training do you need to be an even better Health Advocate?



## Health & Fitness Advocates Practicum Form (pg 2)

### 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