

# Introduction to Health & Fitness Practicum Application (pg 1)



## Section A: General Information

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

## Section B: ALPs University Practicum Information

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

### **Practicum Goals Completed:**

1. Personal **Health** Goal: \_\_\_\_\_

Describe how you met this goal:

2. Personal **Fitness** Goal: \_\_\_\_\_

Describe how you met this goal:

3. Community **Leadership** Goal: \_\_\_\_\_

Describe how you met this goal:

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4. Describe what you learned about leadership during this practicum:

## 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:*

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

### 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