

Understanding Leadership: Practicum Application

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:

Attach reflection sheets:

- Homework: Wrap Up Reflection (completed immediately after course finish)
- Additional Practicum Reflection Questions (completed any time before practicum due date)
- Practicum Reflection Questions (completed 4-months from the course finish)

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
fax (317) 328-2018