

Managing Time & Tasks: 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: ALU Practicum Information

Date of Class: _____ Instructor(s): _____ Due Date: _____

Practicum Goals Completed:

- Copy of your plan and schedule
- Practicum Reflection Questions (completed 2-months from the course finish)

Describe what you learned about leadership 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 ALU Athlete

Date

Signature of Mentor

Date

Signature of ALU County Coordinator

Date

Signature of ALU 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

or

fax (317) 328-2018