



Governance: ALC Practicum Form (Page 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:

Describe the Athlete Input Council meetings you attended.

- 1.
- 2.
- 3.
- 4.
- 5.

Write and turn in a short, written report of each of the meetings you attend, discuss it with your mentor, and send to ALU@soindiana.org. Be sure to ask any questions you may have about the meeting and procedures.

Describe what you learned about leadership during this practicum.

