

Governance: ALC Practicum Form (Page 1)

Section A: General Information

			Program: City:
			,
Mentor Name: _			Program:
Address:			City:
Zip:	Phone:	email:	
	Practicum Information Instructor(s):		Due Date:
Practicum Goals Co Describe the Athle 1.	ompleted: te Input Council meetings you	attended.	
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.

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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. Email: ALU@soindiana.org

OR

2. Mail: Special Olympics Indiana

6200 Technology Center Drive, Suite 105

Indianapolis, IN 46278

OR

3. Fax: (317) 328-2018