



Boards and Committees Practicum Form (pg 1)

Section A: General Information

Athlete Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Mentor Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Section B: ALU Practicum Information

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

Practicum Goals Completed:

Describe the board, committee or management team 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 about the meeting and procedures that you have.
- If your program has an Input Council, report on the county meeting at your Input Council.

Describe what you learned 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. ALU@soindiana.org

OR

2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278

or

fax (317) 328-2018