



# Basic PowerPoint 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 your PowerPoint presentations about Special Olympics.

1.

2.

Describe what you learned during this practicum.



## Basic PowerPoint Practicum Form (pg 2)

### 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

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**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