



Digital Media 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:

- Email your photo editing sample
- Email your video from your photos
- Post a story video
- Email your true video
- Reply to all of my instructor's emails
- Email ALU and County Coordinator and Area Director about training using pictures, send copy to the instructors
- Email your evaluation of the Technology: Photography & Videography class

Describe what you learned during this practicum.



Digital Media 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:

_____	Date	_____	Date
Signature of ALU Athlete		Signature of Mentor	
_____	Date	_____	Date
Signature of ALU County Coordinator		Signature of ALU Coordinator	

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