



Global Messenger II 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): _____ Application Date: _____

Practicum Goals Completed:

Describe your completed presentations, include presentation topic and the group you spoke to about Special Olympics. 3 – 5 minute speech outside of class; Interview with media; Event Ambassador

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

Describe what you learned during this practicum:



Global Messenger II 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

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