



Health & Fitness Advocates 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 Goal Completed: (You may attach the descriptions below on a separate paper)

- Submit your Practicum Planning Worksheet
- Complete Health Messenger Information Form online
<https://app.smartsheet.com/b/form/0e1be8a1b99d41b0b43530771e890c1c>
- Complete your practicum and answer these questions. Feel free to use a separate piece of paper if needed.

What was your practicum goal:

Describe how you met this goal:

Describe what you learned about leadership from this practicum:



Health & Fitness Advocates Practicum Form (pg 2)

What training do you need to be an even better Health Advocate?

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
2. Fax (317) 328-2018
3. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278