

Introduction to Health & Fitness Practicum Form (pg 1)



Section A: General Information

Athlete Name: _____ Program: _____

Address: _____ City: _____

Zip: _____ Phone: _____ email: _____

Mentor Name: _____ Program: _____

Address: _____ City: _____

Zip: _____ Phone: _____ email: _____

Section B: ALU Practicum Information

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

Practicum Goals Completed:

1. Personal **Health** Goal: _____

Describe how you met this goal:

2. Personal **Fitness** Goal: _____

Describe how you met this goal:

3. Community **Leadership** Goal: _____

Describe how you met this goal:

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4. Describe what you learned about leadership during this practicum:

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