

Training Fundamentals Practicum Form

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:

- Complete an 8-week training plan.
- Ask a coach to review your plan and give you feedback.
- Answer reflection questions about the feedback.
- Submit a copy of your plan, the coach's feedback reflection page, and the practicum form

Describe what you learned about leadership during this practicum:

Training Fundamentals Practicum Form (Page 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

MY 8 WEEK TRAINING PLAN

Turn a copy of your plan in with the practicum form.

COACH'S FEEDBACK ON MY PLAN

Turn a copy of the feedback with the practicum form.

REFLECTION ON COACH'S FEEDBACK ABOUT MY PLAN

Turn a copy of your reflection with the practicum form.

What did you learn from the coach's feedback about your training plan?

What would you change about your plan as a result?