



**Athlete Representative I Capstone Practicum  
Report Form**

Name:

Local Program:

What project did you complete?

When did you complete this project?

What is your next planned project?

When will it be taking place?

**For any questions, please contact Athlete Leadership Coordinator, Jordan Schubert at [jschubert@specialolympicspa.org](mailto:jschubert@specialolympicspa.org)/610-630-9456 ext. 236**

**Please submit to [jschubert@specialolympicspa.org](mailto:jschubert@specialolympicspa.org) immediately following the completion of the leadership opportunity.**