



Athlete Representative II Capstone Practicum Report Form

Name: _____

Local Program: _____

Check how long you have been an Athlete Representative:

- 0 -2 years
- 3-4 years
- 5 or more years

Was this project included in the AR II Capstone Practicum you received at ALPs University?

- Yes
- No

If your project was not included in the AR II Capstone Practicum, please call Athlete Leadership Coordinator at 610-630-9450 ext. 236 to determine whether it would be appropriate to use towards your AR II Practicum before submitting.

What project did you complete? _____

When did you complete this project? _____

What ALPs opportunities are you interested in pursuing in the future? (I.E. Becoming a Global Messenger, Coach, Fitness Coordinator, being selected by the state office for a state/national/international ALPs opportunity, etc.) _____

Please submit immediately following the completion of the leadership opportunity to:

- Jschubert@specialolympicspa.org via email

OR

- Attention: Jordan Schubert, 2570 Boulevard of the Generals, Suite 124, Norristown, PA 19430 via mail