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| **HEALTH MESSENGER INFORMATION** |
| **Name of Health Messenger:** |
| **Email Address:** |
| **Phone Number:** |
| **Name of Mentor:** |
| **Email Address of Mentor:** |
| **Phone Number of Mentor:** |
| **SO Program:** |
| **Date you completed the practicum:** |

**Health Messenger leadership role(s) did you take on:**

* Speaker/Presenter/Spokesperson
* Healthy Athletes Coordinator
* Healthy Habits Leader
* Health and Fitness Leader
* Other (i.e. health representative on athlete input council)
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**Describe what you did for your practicum:**

**Your Results:**

**What did this project do for other athletes?**

**Who did you reach with your practicum? (i.e. athletes on your team, community members, government official)?**

**How did you work with your Special Olympics Program staff?**

**Did you enjoy working on the practicum? What did you learn? Were there any challenges?**

**How will you continue to be a Health Messenger?**

Send this form and any photos to: [healthmessenger@specialolympics.org](mailto:healthmessenger@specialolympics.org)