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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