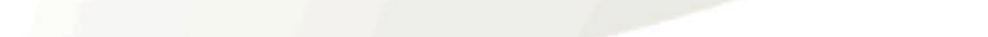


HEALTH MESSENGER INFORMATION
Name of Health Messenger:
Email Address:
Phone Number:
Name of Mentor:
Email Address of Mentor:
Phone Number of Mentor:
SO Program:
Date you completed the practicum:

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)

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