

N442: Windshield Survey Verification Form

- Please complete this log during your windshield survey clinical.
- You must participate in the survey clinical time (everyone) and in the project. A poor evaluation from your peers will result in a lower grade. You MUST be present on presentation day to receive a grade for this project.
- PPT is submitted by one person, with everyone's name on it in the group to the Dropbox. You will also present in class. Please see rubric for presentation guidelines. **YOU MUST WEAR YOUR LAKEVIEW UNIFORM FOR THIS CLINICAL.**

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Group Members: Hannah Bierman, Andrew McSparran, Andrew Worthey, Molly Rogers, Jenna Helton

Semester: Fall 2021 Clinical Instructor: Katie King

Date	Time	Location	Verifier of Clinical Hours
Example: 05/15/21	Time of Interview	Required Interviews	Whoever is verifying your hours needs to print their name and sign and include a phone number & email (if applicable) for POC
		Business Owner/Manager 1	Name of Business/Name of person interviewed: Phone number:
		Business Owner/Manager 2	Name of Business/Name of person interviewed: Phone Number:
10/10/21	1408-1424	5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: Kelsey Crone / Kelsey Crone 217-549-0008
10/10/21	1445-1500		Print/Sign: Jennifer Wall / Jennifer Wall 217-817-3345
10/10/21	1600-1615		Print/Sign: Paul J. Abraham / Paul J. Abraham 217-294-8587
10/10/21	1830-1845		Print/Sign: Chuck McMichael / Chuck McMichael 217-218-3630
10/10/21	2000-2615		Print/Sign: Dusti Condorec / Dusti Condorec 217-508-9009
		1 Police Officer	Office Name Printed: <u>Dusti Condorec</u> Officer Signature: <u>[Signature]</u> Phone Number: <u>217-508-9009</u>
		1 Clergy	Name/Sign: Phone Number Name of Church Visited: Location:
		Health Department	Personnel Name: Signature: Phone/Email: Position at Department:
		City Hall	Name: Signature: Phone/Email: Position at City Hall:
		School Personnel	Name: Signature: Phone/Email: Position: Name of School/Location:
Total hours:		8 hours total on project	