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.

Group Members: _____

Semester: _____ Clinical Instructor: _____

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:
		5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: Print/Sign: Print/Sign: Print/Sign: Print/Sign:
		1 Police Officer	Office Name Printed: Officer Signature: Phone Number:
		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:		7 hours total on project	