

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: Paiton F, Kerrigan S, Haley S, Abbie M, Mariah F, Samantha C.

Semester: Spring 23 Clinical Instructor: Pamela Armstrong

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
4/10/23	5:00pm	Business Owner/Manager 1 <i>Verbal signature heard by Kerrigan + Paiton</i>	Name of Business/Name of person interviewed: <u>Brett Hamson</u> Phone number: <u>(217) 493-6584</u> <u>The Liquor Box</u>
4/11/23	7:00am	Business Owner/Manager 2 <i>*on sticky note*</i>	Name of Business/Name of person interviewed: <u>Taylor Oberland</u> Phone Number: <u>217-918-4082</u> <u>Obies</u>
4/10/23	6:30pm	5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: <u>Brenda Hafner Brenda Hafner</u> Print/Sign: <u>In town, 52 yrs.</u> Print/Sign: Print/Sign:
		1 Police Officer	<p>918-4082 217-351-444</p> <p>Taylor Oberland Taylor Oberland</p>
		1 Clergy	
		Health Department	
		City Hall	
		School Personnel	
Total hours:			7 hours total on project