

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: Hayley B., Alfonso C., Tyler E., Sophia J., Brianna L., + Kayonna P.
 Semester: Spring 23 Clinical Instructor: Pam Armstrong

Date	Time	Location	Verifier of Clinical Hours
Example: 05/15/15	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
4/15/23	1200	Business Owner/Manager 1 <i>Champaign County Humane Society</i>	Name of Business/Name of person interviewed: <i>Art Amador</i> Phone number: <i>(217) 344-7297</i>
		Business Owner/Manager 2	Name of Business/Name of person interviewed:
		5 Community Members -Do they live in town or rural? -How long have they lived here?	
		1 Police Officer	
		1 Clergy	Phone: 217.344.7297 Fax: 217.344.7299
		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	



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 Semester: Spring 2023 Clinical Instructor: Fam Armstrong

Date	Time	Location	Verifier of Clinical Hours
Example: 05/15/15	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
Shivani		Business Owner/Manager 1	Name of Business/Name of person interviewed: Phone number:
Shivani		Business Owner/Manager 2	Name of Business/Name of person interviewed: Phone Number: Print/Sign: Print/Sign: Print/Sign: Print/Sign:
Shivani		Business Owner/Manager 3	Office Name Printed: Officer Signature: Phone Number: Name/Sign: Phone Number
Shivani		Business Owner/Manager 4	Name of Church Visited: Location:
4/17/23	1500	Health Department	Personnel Name: <u>Marie Y Martinson</u> Signature: <u>[Signature]</u> Phone/Email: <u>mmartinson@c-uptd.org</u> Position at Department: <u>Disease Intervention Specialist</u>
Shivani		City Hall	Name: Signature: Phone/Email: Position at City Hall:
Shivani		School Personnel	Name: Signature: Phone/Email: Position: Name of School/Location:
Total hours:		7 hours total on project	

520 E Wabash Dr, Rantoul, IL 61866

Our Pee N Flee is open
8:30am - 4pm
Tuesday, Wednesday & Friday

Public Health
Prevent. Promote. Protect
Contact us at 217-533-5559

Visit us on these days for extra information!
 April 7th from 1pm-4:30pm
 April 14th from 8:30am-12pm
 April 21st from 8:30am-4:30pm

Drawing will take place on April 28th