

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: Alexandria De Boer, Kathryn Davis, Kristina Rentrop,
Covered white, Amber Rainer, Adriane Pate

Semester: Sp'23 Clinical Instructor: Pamela 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
		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:
2/1/2023	9:00 AM 1:00 PM	5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: <u>Gabrielle Doss Gabrielle Doss - rural, worked 2 yr</u> Print/Sign: <u>Grayce Roberts Grayce Roberts, rural, worked 4 yrs</u> 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:
2/6/23	1:30pm	School Personnel	Name: <u>Tasha Umrein</u> Signature: <u>[Signature]</u> Phone/Email: <u>umrein@len.edu; 1-303-521-7440</u> Position: <u>Professor</u> Name of School/Location: <u>Lakeview, Danville</u>
Total hours:		7 hours total on project	