

Cindy Ho

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: Anthony Morgan, Abraham Eugenio, Shivani Patel, Marianna Kalembaza, Cindy Ho

Semester: Spring 23 Clinical Instructor: P. 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
A		Business Owner/Manager 1	Name of Business/Name of person interviewed: Phone number:
S		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: <i>Thomas Nicol</i> Print/Sign: <i>Jennifer Isberg</i> <i>Jf Isberg</i> Print/Sign: Print/Sign:
M		1 Police Officer	Office Name Printed: Officer Signature: Phone Number:
A		1 Clergy	Name/Sign: Phone Number Name of Church Visited: Location:
	2/21/23 10:15	Health Department	Personnel Name: <i>Nancy Johnson</i> Signature: <i>Nancy Johnson</i> Phone/Email: <i>217-531-5383</i> Position at Department: <i>HIV Prevention Program Coordinator</i>
AM		City Hall	Name: Signature: Phone/Email: Position at City Hall:
C		School Personnel	Name: <i>Jennifer Isberg</i> Signature: <i>Jf Isberg</i> Phone/Email: <i>630-220-9794</i> Position: <i>Speech Pathologist</i> Name of School/Location: <i>Mahomet-Seymour Comm. Unit</i> <i>School District No. 3</i>
Total hours:		7 hours total on project	