

## 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: **Beatriz Amaya, Dakota Clayton, Eli Lamb, Zach Lensink, Malea Warner**

Semester: **Fall 2023** Clinical Instructor: **Katie King**

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:
<b>11/21/23</b>	<b>1830</b>	Business Owner/Manager 2	Name of Business/Name of person interviewed: <b>Andy Dole (phone interview)</b> Phone Number: <b>217-254-9250</b>
		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:
<b>11/21/23</b>	<b>1300</b>	1 Clergy	Name/Sign: <b>Heather Fitzgerald (phone interview)</b> Phone Number: <b>217-234-2795</b> Name of Church Visited: <b>The Fields</b> Location: <b>Charleston, IL</b>
		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:
<b>Total hours:</b>		<b>7 hours total on project</b>	