

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, and Malea Warner

Semester: __4th__ Clinical Instructor: _____Mrs.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:
		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: Print/Sign: Print/Sign: 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:
30min	02:00pm	City Hall	Name: Mathew Hutti Signature: Mathew Hutti Phone/Email: (217) 345-5650 Email: CouncilHutti@co.coles.il.us Position at City Hall: Charleston City Council
		School Personnel	Name: Signature: Phone/Email: Position: Name of School/Location:
Total hours:		7 hours total on project	