

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: Chiquita Baker, Jackson Powell, Makynzie Wagner, Shanique Williams, and Jonny Yap

Semester: Spring 2024 Clinical Instructor: Prof. 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
03/21/24	1000	Business Owner/Manager 1	Name of Business/Name of person interviewed: Phone number: 217 304 2699 <i>Gary Cromwell</i>
03/21/24	1000	Business Owner/Manager 2	Name of Business/Name of person interviewed: Phone Number: 217 30 42 731 <i>Marsha Cromwell</i>
03/21/24	1000	5 Community Members -Do they live in town or rural? Town (4), Rural (1), Town (3) -How long have they lived here? 79, 59, 29, 14, 40+, 40+ 10	Print/Sign: <i>GARY CROMWELL</i> <i>Gary Cromwell</i>
03/21/24	1000		Print/Sign: <i>Marsha Cromwell</i> <i>Marsha Cromwell</i>
03/21/24	1000		Print/Sign: <i>Tamera Moody/Zamer Moody</i>
04/02/24	1330		Print/Sign: <i>Jodi Bohlen MSW</i> <i>Jodi Bohlen MSW</i>
03/29/24	1200		Name of Business/Name of person interviewed: Phone Number: Print/Sign: <i>Lisa Powell</i> <i>Lisa Powell</i>
03/29/24	1200	Print/Sign: <i>RONALD POWELL</i> <i>Ronald Powell</i>	
03/29/24	1200	Print/Sign: <i>Ami Howard</i> <i>Ami Howard</i>	
N/A	N/A	1 Police Officer	Officer Name Printed: Officer Signature: Number:
N/A	N/A	1 Clergy	Name/Sign: Phone Number Name of Church Visited: Location:
02/27/24	1100	Health Department	Personnel Name: <i>Susan Fauver, RN, BSN, PHN</i> Signature: <i>Susan Fauver, RN, BSN, PHN</i> Phone/Email: 217-431-2462 <i>sfauver@vchh.org</i> Position at Department: <i>Dir. Comm Health Services</i>
03/21/24	1000	City Hall	Name: <i>Steve Lewis</i> Signature: Phone/Email: 217 304 6106 Position at City Hall: <i>Town Man</i>
03/19/24	1500	School Personnel	Name: <i>Shannon Wallace</i> Signature: <i>Shannon Wallace</i> Phone/Email: <i>wallace.stoodakwsd76.org</i> Position: <i>Secretary</i> Name of School/Location: <i>Oakwood CUSD #76</i>

Total hours:

8 hours total on project