

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: Kaylee A, Lydia G, Eue J., & Isabella

Semester: 4 Clinical Instructor: Professor Strohl

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
1 9/2/25	30min	Business Owner/Manager 1	Name of Business/Name of person interviewed: <u>LATOZ HARDWARE</u> Phone number: <u>217-267-3121</u> <u>Deanna Latoz</u>
9/2/25	30min	Business Owner/Manager 2	Name of Business/Name of person interviewed: <u>OBSESSIVE DETAIL</u> Phone Number: <u>217-304-7294</u> <u>Justin Davis</u>
2.5 9/3/25	30min	5 Community Members	Print/Sign: <u>Luke Johnson</u> <u>Luke Johnson</u> <u>21 years in town</u>
10/5/25	each roughly	-Do they live in town or rural? -How long have they lived here?	Print/Sign: <u>Jamie Johnson</u> <u>Jamie Johnson</u> <u>33 years in town</u> Print/Sign: <u>Lani Gondzyr</u> <u>Lani Gondzyr</u> <u>town, 16 years</u> Print/Sign: <u>Tyler Miller</u> <u>3 miles rural, 20 years</u> Print/Sign: <u>Anna Blakney</u> <u>Anna Blakney</u> <u>town, 19 years</u>
1 9/2/25	9-10	1 Police Officer	Office Name Printed: <u>Justin Varuel</u> <u>chief of police</u> Officer Signature: <u>[Signature]</u> Phone Number: <u>217-267-2131</u>
1.5 9/2/25	10:15 - 11:45	1 Clergy	Name/Sign: <u>Fr. Timothy SAUPPE</u> Phone Number <u>217 267-3334</u> Name of Church Visited: <u>ST. MARY'S CATHOLIC</u> Location: <u>WESTVILLE IL</u>
1 9/10/25	3-4	Health Department	Personnel Name: <u>SUSAN PACOT</u> Signature: <u>[Signature]</u> Phone/Email: <u>tspacot@gmail.com</u> <u>217-304-6137</u> Position at Department: <u>Executive Asst. to P.H.A.</u>
.75 9/10/25	2-2:45	City Hall	Name: <u>Kendra Hepburn</u> Signature: <u>[Signature]</u> Phone/Email: <u>217-267-2507</u> , <u>clerk@villageofwestville.net</u> Position at City Hall: <u>Village Clerk</u>
2 1.25 9/6/25	10:30 - 11:45	School Personnel	Name: <u>Amy Pacot</u> Signature: <u>[Signature]</u> Phone/Email: <u>pacot.amy@gowestville.org</u> Position: <u>Kindergarten Resource Teacher</u> <u>217-304-2784</u> Name of School/Location: <u>Judith Giacomini-Westville, IL.</u>
Total hours: <u>9</u>		7 hours total on project	