

N442: Community Assessment/Windshield Survey Verification Form

- Please complete this log during your windshield survey clinical.
- Print one form for you group. Each group member will attach it to their clinical journal. If you should happen to lose this paper or forget it, you must obtain the signature by returning to see the required personnel.
- **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: Abbey M. Abbey, Justine, Emily, Maddie, Bre, Nick

Semester: _____ Clinical Instructor: _____

Date	Time	Location	Verifier of Clinical Hours	
			Whoever is verifying your hours needs to print their name and sig and include a phone number & email (if applicable) for POC	
Example: 05/15/15	Time of Interview	Required Interviews		
		Business Owner/Manager 1 <u>NICK</u>	Name of Business/Name of person interviewed: Phone number:	
		Business Owner/Manager 2 <u>NICK</u>	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? <u>1-Abbey M</u> <u>2-Emily</u> <u>3-Abbey E</u>	Print/Sign: Print/Sign: Print/Sign: Print/Sign: Print/Sign:	
<u>4/4/20</u>	<u>10:30</u> <u>-11:30</u>	1 Police Officer - <u>Abbey M</u>	Office Name Printed: <u>Brown Markman</u> Officer Signature: <u>[Signature]</u> Phone Number: <u>217 821-6612</u>	
		1 Clergy - <u>Emily</u>	Name/Sign: Phone Number Name of Church Visited: Location:	
		Health Department - <u>Bre</u>	Personnel Name: Signature: Phone/Email: Position at Department:	
		City Hall - <u>Maddie</u>	Name: Signature: Phone/Email: Position at City Hall:	
		School Personnel - <u>Abbey E</u>	Name: Signature: Phone/Email: Position: Name of School/Location:	
Total hours:		8 hours total on project		