



Eye See...Eye Learn[®] Program Parent Feedback

Dear Parent,

Thank you for participating in the Eye See...Eye Learn[®] program. Your feedback is very important to the program.

Please take a moment to complete the questions below and return the form to your family optometrist, fax to 306.652.2642 or email your comments to sao@optometrists.sk.ca

Date of Examination: _____

1. What town/city do you live in? _____

2. What school does your child attend? _____

3. How did you hear about the Eye See...Eye Learn program? *(please circle)*

School Optometrist Newspaper Radio Internet/Facebook Word of Mouth

Other: _____

4. Is this your child's first eye exam? _____

5. Please share your comments about the program _____

Email (optional): _____

Phone Number (optional): _____

Please return this form to your optometrist during your child's eye examination,
fax 306.652.2642 or email your comments to sao@optometrists.sk.ca.

Thank you for your participation!