



Eye See...Eye Learn[®] Program Teacher Feedback Form

Thank you for participating in the Eye See...Eye Learn Program. Your feedback is very important to continuation and success of the program. Please take a moment to complete this short survey on-line or return by fax to 306.652.2642 or email admin@saosk.ca

1. Please indicate the school division you teach in: _____
2. Is this the first year you have been involved in the Eye See...Eye Learn program? Yes No
3. Do you feel your students have benefitted from the Eye See...Eye Learn program? Yes No
4. Are there any additional information or tools we could provide you to assist you in educating your students and their parents on the importance of early childhood eye examinations? Yes No

If yes, please provide your suggestions. _____

5. Do you have any comments or suggestions for improvements? _____

6. Are you willing to share a testimonial? If yes, please provide your comments or an email/phone number where you can be contacted. Email: _____ Phone: _____

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