

Eye See...Eye Learn™ Parent Feedback



Dear Parent/Guardian,

Thank you for participating in the Eye See...Eye Learn™ program. Your feedback is very important to us.

Please take a moment to complete the questions below and return the form to your family optometrist, fax to [306.652.2642](tel:306.652.2642), or email your comments to admin@saosk.ca.

Date of Examination: _____

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

2. What school does your child attend? _____

3. How did you hear about the Eye See...Eye Learn™ program?

School Newspaper Radio Internet/Facebook Word of Mouth

Other: _____

4. Is this your child's first eye exam? Yes No

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, or
fax to [306.652.2642](tel:306.652.2642) or email admin@saosk.ca*

Thank you for your participation!