

Eye See...Eye Learn!

CLASSROOM TRACKING SHEET

Name of School: _____

Teacher's Name: _____ Total Enrolment: _____

Teacher's Phone & Email: _____

( For Yes and  For No)

| Student's Name | Returned Consent Form | Reminder Sent | Returned Eye Exam Form | Eye Exam Completed in Past Year |
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Your eyes **DESERVE** an Optometrist