



Dear Parent/Guardian,

Thank you for participating in the **Eye See...Eye Learn** Children's Vision Pilot Program. The intent of the program is to ensure parents/guardians are aware that SK Health covers the cost of an annual eye exam for children under the age of 18 and also to educate parents, teachers and children on the importance of regular eye examinations. Your comments and opinions will assist us to improve and enhance the **Eye See...Eye Learn** program.

1. Did you feel the **Eye See...Eye Learn** Children's Vision Pilot Program was informative and beneficial?
If No, please comment.

_____ Yes

_____ No

2. Did you find the information and instructions clear? If No, what improvements or recommendations could you suggest to improve the program?

_____ Yes

_____ No

3. Did the **Eye See...Eye Learn** program initiate you to take your child for an eye examination?

_____ Yes

_____ No

If not, what age did your child receive their first eye examination?

4. Of the **Eye See...Eye Learn** package materials what do you consider to be the "trigger" to initiate an eye examination for a child?

a. _____ The **Eye See...Eye Learn** Pamphlet

b. _____ The **Eye See...Eye Learn** Examination Reporting Form

c. _____ The letter of endorsement from the Minister of Health and the Minister of Learning

d. _____ The **Eye See...Eye Learn** coloring book

e. _____ The entire **Eye See...Eye Learn** package

f. _____ Other (provide your comments)

5. Will you be including an eye examination on your child's annual health check-up list in the future? If you indicated "No", please provide your comments.

_____ Yes

_____ No

Return this survey by December 15, 2009 to the Saskatchewan Association of Optometrists
108-2366 Avenue C North, Saskatoon, SK S7L 5X5, Fax: 306.652.2642 or sao@sasktel.net

**Thank you for your participation and assistance to improve eye health
delivery in Saskatchewan.**