

# 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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Return form to the office of the Saskatchewan Association of Optometrists at  
fax#: 306.652.2642, email [sao@sasktel.net](mailto:sao@sasktel.net) or 108-2366 Ave C North, Saskatoon, SK S7L 5X5

Your eyes **DESERVE** an Optometrist