



Please ask your school's eye care contact (Nurse or other Staff Member) to complete and return the brief survey below. You may mail the survey to Sight Savers America Attention: Tiffany Richardson 101 Hillcrest Road, Suite 201 Mobile, AL 36695 or fax the completed survey to 251-660-1099. We appreciate your time and look forward to receiving your comments.

SCHOOL \_\_\_\_\_ COUNTY \_\_\_\_\_ SYSTEM \_\_\_\_\_

School Eye Care Contact: \_\_\_\_\_ Position \_\_\_\_\_

MAILING Address \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECTION 1: Sight Savers America**

- Are you familiar with Sight Savers America? ( ) Yes ( ) No
- Did you know that Sight Savers provides eye care case management for K/2/4 children who fail vision-screening? ( ) Yes ( ) No
- Did you or others at your school refer children to Sight Savers for eye care services during the 2009-10 school year? ( ) Yes ( ) No
- Did you know that Sight Savers employs a full-time Spanish-language interpreter? ( ) Yes ( ) No
- Did you know that Sight Savers also provides eye care for non K/2/4 children (exam, eyeglasses, treatment)? ( ) Yes ( ) No
- Did you know that Sight Savers provides low vision exams & assistive technology to legally blind children? ( ) Yes ( ) No
- Did you know that Sight Savers reports the eye care results of every K/2/4 child to the Alabama Dept. of Education? ( ) Yes ( ) No
- **Please rate your experience when working with Sight Savers this school year:**  
 ( ) POOR ( ) FAIR ( ) GOOD ( ) EXCELLENT ( ) Does Not Apply

**PLEASE OFFER ANY COMMENTS ABOUT YOUR EXPERIENCE WITH SIGHT SAVERS ON THE BACK OF THIS SURVEY FORM**

**SECTION 2: Vision-Screening at your school**

- Did you know that Vision Research Corporation refers all children who fail their K/2/4 vision-screening to Sight Savers? ( ) Yes ( ) No
- Do you or others at your school perform student vision-screenings? ( ) Yes ( ) No

• Please check all vision-screening services utilized at your school:

School Nurse Eye Chart _____	Counselor or Psychometrist _____
KidCheck program _____	Success by 6 (United Way) _____
FocusFirst program _____	Alabama Lions Sight _____
Vision Research Corp _____	Quality Care for Kids _____
Preschool Peepers (UAB) _____	Other (please name) _____

**SECTION 3: Eye Care Services for Students**

- Do you schedule eye care services for students at your school? ( ) Yes ( ) No

• Please check all eye care services you utilize for students at your school:

Sight Savers America _____	VSP Sight for Students vouchers _____
Wal-Mart Project Insight _____	Local Lions Club _____
Title I funds/local doctors _____	Other resource (please name) _____
Donated local services _____	
No Services Available _____	