



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 management for Kindergarten children who fail vision-screening? () Yes () No
- Did you or others at your school refer children Sight Savers for eye care services during the 2009-2010 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 Kindergarten 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 Kindergarten child to the MS 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 Kindergarten 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 _____
 Vision Research Corp _____
 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 _____