

Small Steps for Big Vision

Parent/Caregiver Vision Social Evaluation



Thank you for answering these 6 questions. Your answers will help improve the vision information given to parents and caregivers across the United States. Your answers are private. No one will know you filled out this form. If you need more room to answer the questions, you can write on the back of the pages.

Number of children you have in the program:	Ages of your children in program:
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1. List 3 things you learned during this meeting.

A.
B.
C.

2. **Before** attending this meeting, if someone had asked you to take your child to have his/her eyes checked, would you have taken your child to an eye exam appointment?

- Yes No Maybe

If you marked "No" for Question #2, why not?

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After attending this meeting, if someone were to ask you to take your child to have his/her eyes checked, would you take your child to an eye exam appointment?

- Yes No Maybe

If you marked "No" or "Maybe" for Question #2 and "Yes" for Question #3, what changed your mind?

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3. What was your ***favorite*** part of the vision presentation?

4. What could make the vision presentation better?

5. Write any questions that you still have or information you wish were included in this vision presentation.

Thanks again for your answers to these questions!



“Small Steps for Big Vision” is an initiative of the National Center for Children’s Vision and Eye Health at Prevent Blindness (www.nationalcenter.preventblindness.org). For more information, contact: info@preventblindness.org

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