Partner Satisfaction Survey:

Name: ___________________________ Date: ___________________________

Location: ________________________________________________________

1. Were you pleased with the communication to set up the vision screening?
   YES__________  NO___________

2. Did you receive the registration forms and flyers in ample time to encourage parents to sign up for the vision screening?
   YES_______________ NO_______________

3. Did your organization receive a satisfactory vision screening?
   YES_______________ NO_______________

4. Was the team helpful in follow up for any referrals identified?
   YES___________ NO_______________

5. Was the team responsive to any questions that you may have had?
   YES___________ NO_______________

6. Would you like for us to contact you next year to set up a vision screening?
   YES___________ NO_______________

7. If you were pleased with your assistance from PVF, would you consider telling us about your experience and/or provide a photo? Please feel free to share on the lines below:

   _____________________________________________________________
   _____________________________________________________________

Feedback/How Could We Improve?:

   _____________________________________________________________
   _____________________________________________________________
If you would like to send back to us, please send to:
Preserve Vision Florida
9200 Seminole Blvd.
Seminole, FL  33772
Or email to: jwhittington@pvfla.org