## Success Story Questionnaire

Please share how Prevent Blindness Wisconsin has made a difference in your child’s life! If you submit a photo of your child wearing their new glasses or patching, they can receive one of the following books (please choose one):

- Jacob's Eye Patch
- My Bright Blue Glasses
- Fancy Nancy: Spectacular Spectacles
- In the Tall, Tall Grass
- I Spy in the Sky

### Please answer the following questions. If you run out of space, please continue on the back of this form.

1. How has a vision screening helped your child?

   ____________________________________________________________
   ____________________________________________________________

2. Did you ever suspect your child had a vision problem? Why or why not?

   ____________________________________________________________
   ____________________________________________________________

3. How does your child’s diagnosis make you feel?

   ____________________________________________________________
   ____________________________________________________________

4. How has your child changed since they started wearing glasses/receiving treatment?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. How does your child feel about wearing glasses/receiving treatment?

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### Permission to use Photographs and / or Written Materials

By submitting this application, I give Prevent Blindness Wisconsin and Prevent Blindness permission to use my child’s story and photo in any promotions, advertisements, publications, and more, as seen fit by Prevent Blindness Wisconsin.

Parent/Guardian Signature: _______________________________ Date: __________________

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Please return to: Prevent Blindness Wisconsin • 731 N. Jackson Street, Suite 405 • Milwaukee, WI • 53202
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