



STORIES OF SUCCESS

Founded several years ago, Sight for Students was created by Vision Service Plan (VSP) to help low-income children obtain vision care. Prevent Blindness Iowa has committed to making the program available to youth throughout Iowa.

We need your help to insure continued funding for this essential program. Since you help identify students in need of a gift certificate, we ask that you report on students who were positively affected by the program. Please share any success stories, photos, drawings etc. that you may have. Vision correction can have a dramatic impact on a child's ability to learn, participate in sports, and form a positive self-image.

We recognize the importance of confidentiality. Therefore, in filling out the form below, we only need the student's first name. Any success stories may be shared with VSP staff and doctors, prospective donors, etc. Thanks for your assistance!

.....please print clearly.....

Date _____

Your Name _____ Phone Number (____) _____

Organization/School _____
Name City State

Child's Name _____ Child's Age _____

Parent/Guardian's Name _____ Phone Number (____) _____

Why was child referred? (select as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> Eyes that cross or point outward | <input type="checkbox"/> Holding books and objects unusually close |
| <input type="checkbox"/> Frequent blinking, squinting, or rubbing eyes | <input type="checkbox"/> Short attention for visual activities |
| <input type="checkbox"/> Difficulty picking up small objects, catching balls, seeing distant objects (i.e. the blackboard) | <input type="checkbox"/> Frequent complaints of eye discomfort, headaches, or dizziness |

Story of Success (use separate sheet if necessary) If possible send examples of success (photos, school work, etc.)

Please return this completed form to: Prevent Blindness Iowa
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Des Moines, IA 50314-2585
515/244-4341 Toll-free 800/329-8782 Fax 515/244-4718 Email mail@preventblindnessiowa.org