

The *One Pair of Eyes* curriculum is funded by the Ohio Department of Health Bureau of Child and Family Services, Save Our Sight Program and supported by Prevent Blindness Ohio and Nationwide Children's Hospital. Please take a moment to provide your feedback so we may improve the program. **Thanks for your help!!**

1. What is your position within your school?

- Teacher
- Nurse
- Librarian
- Other (please describe)

2. What grade(s) do you currently teach?

- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

3. How do you anticipate using the *One Pair of Eyes* curriculum?

- In its entirety
- Selected portions
- Not at all

4. Please indicate which topics you anticipate covering in your presentation of the curriculum.

- Basic anatomy
- Chemical eye injuries
- Impact injuries
- Heat injuries
- Fireworks injuries
- Light injuries
- Eye infections
- All of the above
- None of the above

5. If you do not anticipate presenting the curriculum to students, why not?

6. Which activities, information, or resources are you most excited to present to students (mark all that apply).

- Basic anatomy
- Optical illusions
- Chemical eye injuries
- Impact injuries
- Public service announcement activity
- Heat injuries
- Fireworks injuries
- Light injuries
- Stories of accidents
- Pink eye demo
- Low vision simulation
- Eye infections
- Pictures of injuries
- "Flubber" experiments
- Egg experiments
- Eye injury simulation
- 2D/3D art projects
- Safety information
- Jeopardy game
- Wheel of Fortune game
- Think Fast review
- One Pair of Eyes* video
- It Only Takes a Second* video

7. How satisfied are you with the curriculum?

- Very Satisfied     Satisfied     Neutral     Dissatisfied     Very Dissatisfied

8. How long did it take you to complete the course?

- Less than 30 minutes  
 Between 30 and 60 minutes  
 Between 60 and 75 minutes  
 More than 75 minutes

9. Was the teaching method effective?     Yes     No

10. Did you achieve your personal objectives?     Yes     No

11. Will this affect your personal practice?     Yes     No

Why or why not?

**For the next few items, please mark whether the objective was met.**

12. Identified five types of eye injuries (chemical, impact, heat, light, infection)     Yes     No

13. Identified causes of the five types of injuries     Yes     No

14. Recognized common eye injury prevention strategies for each injury type     Yes     No

15. Identified and used appropriate eye protection devices to prevent eye injuries     Yes     No

16. Identified basic first aid skills for the five types of eye injuries     Yes     No

17. Identified basic eye anatomy and the value of sight     Yes     No

**Please provide any other comments you would like to share in the space below.**