



Making a Move - low vision session evaluation (65+)

Presenter's name: _____

Date: _____

Program provider name: _____

Time: _____

Location: _____

Demographic data

(Program provider to count number of participants present and record in space provided below).

Total number of participants? _____

What is the total number of males? _____

What is the total number of females? _____

Non English speakers, which languages? _____

Were interpreters available? _____

Low vision services

(Presenter to ask after the session by a show of hands)

1. Do you have a better understanding of low vision services in Victoria?

- Yes, greatly improved _____
- Yes, a little more than before _____
- No change _____

2. Would low vision services benefit you?

- Yes and I will follow this up myself _____
- Yes but I need help accessing them _____
- No _____

Please return this completed form to Robyn Wallace, Vision 2020 Australia, Level 2, 174 Queen Street, Melbourne, Victoria 3000. facsimile 0396562040, email rwallace@vision2020australia.org.au

For more information on eye health visit www.visioninitiative.org.au.