



Children's Vision Massachusetts Storybank

The Children's Vision Massachusetts shares stories like yours. Please consider writing about your child's vision condition, journey, and how it influenced your and/or your child's life. Your story can be a powerful message to help others understand the importance of recognizing vision problems in *their* children, and encourage them to seek eye care as soon as possible if they are concerned. With your agreement, your story will be included on our webpage and in CVMA presentations. Thank you for participating.

Here are some questions to help you tell your story:

- What is your child's name? (we can use another name if you do not wish to disclose)
- What age did your child's vision problem get noticed or diagnosed?
- How did you know about your child's vision problem? Did your child complain? Did teachers, doctors, or nurses point it out? Did you notice something was wrong?
- How did you find the eye doctor who treated your child? How long did it take for you to get an appointment?
- Does your child's insurance cover eye exam and eyeglasses?
- Were there any missed or delayed patterns or delays before treating your child's vision (especially compared to other children who had no vision problems)? Such as,
 - Behavioral Patterns: e.g. watching TV closely, holding books close-up to read, squinting, tilting head, not making eye contact, rubbing eyes, not identifying familiar faces; other signs
 - Developmental Delays: e.g. not reaching developmental milestones, struggling in school either in learning or socially, difficulty reading, difficulty in understanding, being restless, strong avoidance of certain activities; other signs
- Did you know these patterns or delays could be vision-related?
- What was your child's treatment for the vision problem? Were there any challenges to overcome? If eyeglasses or contact lenses, does your child wear them without difficulty?
- What differences have you seen in your child from before and now after their vision treatment? (at home, at school, with friends, sports, reading etc.)
- Describe in 3-4 sentences about your child's personality/nature. You are welcome to add a funny anecdote or special incident that helps tell your story, if one comes to mind since the treatment began.

How to participate:

- Sign the consent form waiver, which will be emailed to you
- Please attach one or more picture/s of your child
- Send completed materials to: *Paulette Tattersall, Children's Vision Massachusetts, 424 Beacon Street, Boston, MA 02115* or email: ptattersall@preventblindness.org
- Please email us if you have questions.

Thank you for helping to raise awareness amongst parents and caregivers, family members, teachers, and others, about childhood vision. Your child's story will say it better than we can.