



Helping the self-esteem of children

VR 4 KIDS PROGRAM



XR IMPACT
NETWORK

VR FEEDBACK REPORT

Thank you for taking the time to share your valuable feedback – it helps improve this resource for all kids!

Child's Name:

Diagnosis:

VR Headset Utilized: Invincikids

Meta Quest 2 Teen Program

Meta Quest 3 Teen Program

FEEDBACK

Location You Used Your Headset (please circle one): Home Hospital Other

Length of Time You Utilized Your Headset (Example: 10 mins - remember to take breaks in between use):

Day: _____ Day: _____ Day: _____ Day: _____

Duration: _____ Duration: _____ Duration: _____ Duration: _____

App Name: _____ App Name: _____ App Name: _____ App Name: _____

*Refer to app listing guide for reference, if needed.

Please let us know what you liked about the app you played or saw room for improvement:

Did you feel your VR headset was effective? (please circle one): Yes No

In what way did your VR headset improve how you feel?

Did you experience any difficulties with your headset? If so, please explain:

Please share any additional comments:

***Please email your completed report to maggie@wigs4kids.org on Thursday of each week. Thank you!**