



SOFTBALL ONTARIO ACTIVE SOFTBALL FEEDBACK SURVEY



ABOUT THE SURVEY

The Active Softball Program is an important part of Softball Ontario's efforts to re-energize the sport of softball in Ontario. Re-introducing the game into schools like yours is a vital step in attracting new participants to the game.

We need YOUR feedback in order to make the Active Softball Program successful. If you have any suggestions for Softball Ontario to improve the Active Softball Program, please feel free to include them with your survey responses. You can also contact Softball Ontario by phone at 416-426-7150 or by email at claxton@softballontario.ca.



As a thank-you for participating, a gift from Softball Ontario will be sent to each Teacher who completes and submits a feedback survey.

SCHOOL & TEACHER INFORMATION

School Name: _____

Contact Person: _____

PARTICIPANT DETAILS

Please complete the following information to the best of your abilities.

How many **students** in each age group participated in the Active Softball Program? Age 8-9: _____ Age 10-11: _____ Age 12-13: _____

How many **teachers** in each grade participated in the Active Softball Program? Grade 6: _____ Grade 7: _____ Grade 8: _____

PROGRAM QUESTIONS

Do you feel the age group is appropriate? Yes No If no, why not? _____

Were the Materials easy to follow? Activity Cards Yes No Game Instructions Yes No If no, why not? _____

Did you and your students enjoy the large foam game board? Yes No What suggestions do you have for a game board? _____

Did the students find the game: Challenging Rewarding Too Easy Too Difficult

Where did you use the Active Softball Kit: In the Gym In Class On a Field On a Diamond Other: _____

Did you like the packaging? Yes No If no, why not? Please provide suggestions on improving the packaging: _____

Have any of your students played Softball in a local league in 2009? Yes No How Many? _____

Did any students indicate interest in playing softball in a local league? Yes No How Many? _____

Did you encounter any obstacles when trying to use the Active Softball Program at your school? Yes No If yes, please indicate what type of obstacles and what you did to overcome them? _____

Would you recommend the Active Softball Program to another school or class? Yes No Why or Why Not? _____

How did you hear about the Active Softball Program? Email Fax Past Participant Colleague Other: _____

Any Additional Comments or Suggestions? _____

FREE OFFERS FROM SOFTBALL ONTARIO

Yes! I would like to subscribe to Softball Ontario's FREE Participation Program E-Newsletter! Email: _____

Please return the completed survey with the Active Softball Kit, return it by email to claxton@softballontario.ca, or fax the survey to 416-426-7368

