



SOFTBALL ONTARIO TRY SOFTBALL PROGRAM FEEDBACK SURVEY



ABOUT THE SURVEY

The Try 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 Try Softball Program successful. If you have any suggestions for Softball Ontario to improve the Try Softball Program, please feel free to include them with your survey responses. You can also contact Lisa Crompton by phone at 416-426-7150 or by email at lcrompton@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 Try Softball Program? Age 4-6: _____ Age 7-8: _____ Age 9-12: _____

How many **classes** in each grade-level participated in the Try Softball Program? JK - Grade 2: _____ Grade 3-4: _____ Grade 5-6: _____

PROGRAM QUESTIONS

Did the students have fun participating in: BlastBall? Yes No Learn to Play Activities? Yes No

Were the following materials easy to follow: BlastBall Manual: Yes No Learn to Play Manual: Yes No

Did you utilize different techniques for playing BlastBall? Yes No If yes, how many techniques did you utilize? _____

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

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

Did any children indicate an interest in playing 'BlastBall' or Softball in a local league? Yes No How many? _____

Have any children in your class played 'BlastBall' or Softball in a local league in 2008/09? Yes No How many? _____

Did you hand out the Softball Ontario gifts to any students? Yes No Did they enjoy the Softball Ontario gifts? Yes No

Did you encounter any obstacles when trying to use the Try Softball Program at your school? Yes No

If yes, please explain the obstacles and indicate what you did to overcome them: _____

Would you recommend the Try Softball Program to another school? Yes No Why or why not? _____

How did you hear about the Try Softball Program? Email Fax Past Participant From a Colleague Other _____

Additional Comments: _____

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 Try Softball Kit, return it by email to lcrompton@softballontario.ca, or fax the survey to 416-426-7368

