



# SOFTBALL ONTARIO TRY SOFTBALL PROGRAM REPORT



## 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 report. You can also contact Joanna Stapleton by phone at 416-426-7150 ext. 0, or by email at [jstapleton@softballontario.ca](mailto:jstapleton@softballontario.ca).

## 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 2014? ☐ 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 report by email to [jstapleton@softballontario.ca](mailto:jstapleton@softballontario.ca),  
or fax the survey to 416-426-7368**