

In exchange for the protective equipment, your league agreed to have each participating team coach complete this post-season evaluation as well as one pre-season.

These evaluations provide us with very important information to monitor the success of our program so please return them promptly to your league administrator or attach postage and mail to our program.

As a thank you for the timely completion of both your pre- and post-season questionnaires you will receive a gift from Rawlings valued at over \$35.

League Name: _____

Team Information: (please include proper address for shipment of coach's gift)

Coach Name: _____

Address: _____

City: _____ Zip: _____

Team Name: _____

Team playing: baseball _____ softball _____ # of children on team: _____

Team composition: Male _____ Female _____ Both _____

Ages of children on team: 5-7 _____ 8-10 _____ 10-12 _____ 12+ _____

Win/Loss record: _____

Team awards/achievements (tournaments):

Questions:

Did using the protective helmet this season prevent any eye/facial injuries?

Yes _____ No _____ If yes, how many? _____

Did you mandate the use of the children's protective eyewear while they were playing?

Yes _____ No _____

Do you feel the protective eyewear made a difference in protecting your players?

Yes _____ No _____

Please rate how difficult it was to get your team to wear the protective helmets?

- _____ Not difficult at all
- _____ Somewhat difficult
- _____ Extremely difficult

Did **you** consider using the protective eyewear to be a good idea? _____ Yes _____ No

Why did you feel this way?

- _____ Protects vision
- _____ Helps kids performance/Not having to worry about being hit
- _____ Interferes with performance/Design of equipment
- _____ This type of protection not needed

Did you find that **your players** liked using the protective eyewear? _____ Yes _____ No

Why do you think that they felt this way?

- _____ Protects vision/Smart thing to do
- _____ Helps their performance/Not having to worry about being hit
- _____ Interferes with their performance/Design of equipment
- _____ Role models wear protective eyewear/"Cool" thing to do
- _____ Role models don't wear protective eyewear/Not a "cool" thing to do

Will you be using this protective equipment again next season? Yes _____ No _____

Comments:



**Play Hard. Don't Blink. Protective Eyewear
Program
Post-Season Participant
Questionnaire**

**First
Class
Postage
Required**

**Play Hard. Don't Blink. Protective Eyewear Program
C/O Ohio Ophthalmological Society
3401 Mill Run Drive
Hilliard, OH 43026**