

End-of-Season Parent Survey

In which program did your child participate this season?

- Baseball
- Softball

What division did your child participate in this season?

- Tee Ball
- Minor League – Coach Pitch/Machine Pitch
- Minor League – Player Pitch
- Major League
- Junior League
- Senior League
- Little League Challenger
- Senior League Challenger

How likely are you to have your child participate in {Insert League Name Here} next season? (1 = Very Likely; 5 = Very Unlikely)

- 1 2 3 4 5

Please rate your satisfaction level (1 – lowest; 5 – highest) in each of the following areas related to your child’s experience with {Insert League Name Here} Little League this season.

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Registration Process: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Registration Fee: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| My Involvement in the League: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Coaching My Child Received: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Sportsmanship Taught to My Child: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Communication from My Child’s Manager or Coach: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Communication from the League: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Number of Games Played: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Number/Quality of Practices | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Schedule (Start and End Dates) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Time Commitment Required to Participate: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Quality of Fields: 1 2 3 4 5

Opening Ceremonies and Other Events: 1 2 3 4 5

Please share your comments/feedback on any of the above areas where you feel we can improve.

Comments:

Were you satisfied with the All-Star/Postseason opportunities available and the selection process for those teams?

Suggestions/Comments:

When compared to other activities in which your child participates, how would you rate the value received for the money paid to participate in Little League?

- Much greater value than other activities
- Somewhat greater value than other activities
- About the same value as other activities
- Somewhat less value than other activities
- Much less value than other activities

Suggestions/Comments:

In what areas would you like to see {Insert League Name Here} Little League invest money to improve our program (select your top 3)?

- Fields
- Equipment
- Spectator Areas
- Concessions
- Uniforms
- Coaches Clinics
- Player Clinics
- Website/Online Tools

Additional Special Events (Opening Day, etc.)

Other (Please List)

Did you or another family member volunteer with the league this year?

➤ **If yes, in what capacity?**

➤ **If no, why not?**

Please provide any other feedback regarding your family's experience in our league this year.

Suggestions/Comments: