

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

<b>Agency/Subagency</b> Department of Education, Office of Special Education and Rehabilitative Services	<b>OMB Control Number</b> 1820 -0678	
Enter only items that change <b>Current Record</b>		
<b>Agency form number(s)</b>		<b>New Record</b>
<b>Annual reporting and record keeping hour burden</b>		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically		
Total annual hours		
Difference		
Explanation of difference		
Program Change		
Adjustment		
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>		
Total annualized capital/startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program Change		
Adjustment		
<b>Other change**</b>  Clarification of instructions for completing the data collection table.		
<b>Signature of Senior Officer or designee:</b>  _____	<b>Date:</b>  _____	<b>For OIRA Use</b>  _____  _____

**\*\*This form cannot be used to extend an expiration date  
OMB 83-C**