

**Paperwork Burden Statement
For IHE Staff**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 2,875 hours per response for the total number of respondents, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** [insert program sponsor/office], U.S. Department of Education, 600 Independence Avenue, S.W., [insert building/room number], Washington, D.C. 20202-4651.

National Center on Service Obligations – IHE Questionnaire

Scholar Personal Information

1. Grant award number

Scholar Identifying Information

2. Scholar name

First Name

Middle Name

Maiden Name, if applicable

Last Name

3. Scholar Social Security number

4. What is the scholar's date of birth?

Scholar Contact Information

5. Scholar primary address and contact information

Address Line 1

Address Line 2

City

State

Zip Code

Phone

E-mail Address

Verify E-mail Address

Fax

6. Scholar secondary address and contact information

Address Line 1

Address Line 2

City

State

Zip Code

Phone

E-mail Address

Verify E-mail Address

Fax

7. Address and contact information for a relative or other person through which NCSO may contact the scholar, if necessary.

Contact Salutation

Contact First Name

Contact Middle Name

Contact Last Name

Primary Address Line 1

Primary Address Line 2

Primary City

Primary State

Primary Zip Code

Primary Phone

Primary E-mail Address

Primary Fax

Secondary Address Line 1

Secondary Address Line 2

Secondary City

Secondary State

Secondary Zip Code

Secondary Primary Phone

Secondary E-mail Address

Secondary Fax

Program and Obligation Information

8. Scholar special education training area:
Check all that apply.

- General special education, cross-categorical, generic, multicategorical, or noncategorical
- General special education, mild or moderate
- Low-incidence disabilities/multiple disabilities/severe disabilities
- Combined studies: General education and special education
- Developmental delay
- Specific learning disabilities
- Speech/language impairment
- Emotional disturbance/behavioral disorders
- Autism
- Traumatic brain injury
- Deafness and/or hard-of-hearing
- Visual impairment and/or blindness
- Deaf-blindness
- Mental retardation: Mild/moderate
- Mental retardation: Severe

- Other health impairment
- Physical impairment/orthopedic impairment
- Adapted physical education
- Assistive technology
- Bilingual special education/ESL/TESOL
- Early childhood/early intervention
- Inclusive/collaborative practices
- Special education for youth in correctional facilities
- Transition
- Other, please specify

9. Scholar services training area:
Check all that apply.

- Audiology
- Counseling
- Educational diagnostician
- Interpreter/ASL
- Music therapy
- Nursing
- Occupational therapy
- Orientation & mobility
- Paraprofessional/Teacher Assistant/Teacher Aide
- Physical therapy
- Rehabilitation counseling
- School counseling
- Psychology
- Speech/language
- Social work

- Therapeutic recreation
- Work experience coordinator (employment transition specialist)
- Other, please specify

10. Scholar program exit or graduation/completion status.*
Check all that apply.

- The scholar graduated/completed the program
- The scholar exited the program without graduating/completing
- The scholar is still enrolled in the program, but is no longer receiving OSEP funding because:
 - The grant ended
 - Other

Please specify other reason scholar is no longer receiving OSEP funding

Please enter the date of exit/graduation/completion if applicable. (No date required if scholar is still enrolled in the program)

mm-dd-yyyy

11. Length of obligation (months)

12. Amount of obligation (dollars)

13. For what reason(s) did this scholar leave the program before completion?
Check all that apply.

- Transferred to another training program in special education or related services
- Transferred to another program not in special education or related services
- Financial stress or burden
- Health (physical/emotional) of self or family member
- Moved

- Obtained employment
- Other personal reasons
- Poor academic performance
- Poor practicum/field-based performance
- Other, please specify

Education and Demographic Information

14. Check the degree(s) or certificate(s) or endorsement(s) the student held when he/she entered this grant-supported training.
Check all that apply.

- High School Diploma or Equivalency
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Educational Specialist
- Doctoral Degree
- Post-doctoral Degree
- State or Professional Credential/Certificate
- State-issued Endorsement
- Grantee-issued Endorsement

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15. Check the degree(s) or certificate(s) or endorsement(s) the student received as a result of completing this grant-supported training.
Check all that apply.

- Bachelor's Degree
- Master's Degree
- Educational Specialist
- Doctoral Degree
- Post-doctoral Degree
- State or Professional Credential/Certificate

State-issued Endorsement

Grantee-issued Endorsement

Other, please specify

16. What is the scholar's gender?

Female Male

17. Is the scholar unable to continue a course of study or perform the service obligation because of a permanent disability?

Yes No

18. Which of the following best describes the scholar? Please select one or more.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other, please specify

19. Is the scholar Hispanic or Latino?

Yes No

IHE Contact Information Update

IHE contact update

Below is information NCSO has for your University and grant officer. Please update any fields with an asterisk (*) as necessary.

1. College/University Name*

2. Division Name

3. College/University Address and Contact Information*

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Mobile Phone

E-mail Address

Alternative E-mail

TTY

Fax

4. Grant Officer Information*

First Name

Last Name

Title

Number of Hours Spent on Project Annually

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Mobile Phone

Fax

TTY

E-mail Address

Alternative E-mail Address

5. Grant Award Number

Grant #1

Grant #2

6. Project Title (Name of your institution's application)

7. Program Beginning Date

mm-dd-yyyy

8. Program Ending Date

mm-dd-yyyy

9. Is this grant a No Cost Extension?

Yes

No

If yes, what was the start date of the no cost extension?

mm-dd-yyyy

