

# INFORMATION COLLECTION SUBMISSION WORKSHEET

## Part I: Information Collection Request

You may use this form in lieu of the OMB 83-I form.

Please read the instructions before completing this form. For assistance in completing this form, contact ED's Paperwork Clearance Official. Submit electronic copies of this form, the collection instrument to be reviewed, parts A and B of the supporting statement, and any additional documentation through EDICS.

1. Agency/Subagency Originating Request: Department of Education/NCEE	2. EDICS Tracking and OMB Control Number:
3. Title: REL Pacific: Random Assignment Evaluation of Principales-Based Professional Development to Improve Reading Comprehension for Enlighs Language Learners (Task 2) (a.k.a. Random Assignment Evaluaiton of the Pacific CHILD Program)	
4. Type Of Information Collection (Check One): <input checked="" type="checkbox"/> New collection <input type="checkbox"/> Revision of a currently approved collection <input type="checkbox"/> Extension of a currently approved collection <input type="checkbox"/> Reinstatement, with change of a previously approved collection <input type="checkbox"/> Reinstatement, without change of a previously approved collection <input type="checkbox"/> Existing collection in use without an OMB control number	4a. Is this a request for a generic clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter Generic Clearance Budget Requested Annual Number of Responses, Annual Time Burden, and Annual Cost Burden in Part III - Information Collection Burden Worksheet.
5. Type Of Review Requested: <input checked="" type="checkbox"/> Regular (If Streamlined Also Click Here <input type="checkbox"/> ) <input type="checkbox"/> Emergency - Approval requested by: MM/DD/YYYY	6. Expiration Date: a. <input checked="" type="checkbox"/> Three Years From Approval Date b. <input type="checkbox"/> Six months from approval date (Max for Emergency Review) c. <input type="checkbox"/> Other: MM/DD/YYYY d. Specify: / or Number of Months from Approval Date:
7. Does this ICR contain surveys, censuses, or employ statistical methods? <input checked="" type="checkbox"/> Yes (Attach Part B of Supporting Statement) <input type="checkbox"/> No	
8. Does the Supporting Statement serve as a Joint ICR and Privacy Impact Assessment per OMB Memorandum 03-http://www.whitehouse.gov/omb/memoranda/m03-22.html), Section II.D.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Agency Contact and Phone Number: Gil Garcia, 202-219-2144	
10. Abstract: This study involves the implementation of a professional development program for 4th and 5th grade teachers who teach English language learners (ELLs) and assesses whether the proposed high-quality professional development model will have measurable impacts on teacher and student outcomes. The target population for the intervention are 4th and 5th grade teachers in three jurisdictions (state education agencies) of the Pacific Region who teach self-contained classes. A rigorous cluster random assignment research design, in which schools are randomly assigned to program and control groups, will be used to evaluate the impact of a principles-based professional development program and report on outcomes at the teacher, classroom, and student level.	

<b>11. Authorizing Statute(s):</b>										
	a.	US Code		USC		Name of Law:				
		US Code		USC		Name of Law:				
.....										
	b.	PL	Pub L	107	279	Sec	174	Name of Law:	Education Sciences Reform Act of 2002	
		PL	Pub.L.	107	-	110	Sec	3102	Name of Law:	No Child Left Behind Act of 2001
.....										
	c.	Statute at Large		USC		Name of Statute:				
		Statute at Large		USC		Name of Statute:				
.....										
	d.	EO	EO			Name /Subject of EO:				
		EO	EO			Name/Subject of EO:				

<b>12. Associated Rulemaking Information</b>									
	RIN:	Stage of Rulemaking ( <i>check one</i> ):	Federal Register Citation:	Citation Date:					
	_____ - _____	<input type="checkbox"/> Proposed Rule <input type="checkbox"/> Interim Final or Final Rule <input checked="" type="checkbox"/> Not associated with rulemaking	FR	(M/D/YYYY)					
<b>FOR RIMS USE ONLY</b>									
<i>For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.</i>									

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### FOR RIMS USE ONLY

13. Federal Register Notices & Comments

Federal Register Citation:                      Citation Date:                      Did ED receive public comments on this ICR?

60-day Notice:                      FR                      (MM/DD/YYYY)     Yes     No

30-day Notice:                      FR                      (MM/DD/YYYY)

*Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published.*

14. Annual Cost to the Federal Government: \$488K (estimate, subject to change) for the 2007-08 Year Contract

15. **Add/Edit Information Collections (See Part II: Information Collection Detail)**

16. Annual reporting and recordkeeping hour burden:

a. Number of respondents: Year 1=127 and 2 institutions, Year 2 =245 and 3 institutions, Year 3 = 118 and 3 institutions, (Year 4= 1 institution only). Total Respondents in 4 years = 245 and 3 institutions. See supporting table in Part A, page 9, for an annual breakdown. Respondents are calculated as the sample size (306) times the response rate (80%) plus three institution.

b. Total annual responses: Year 1 = 287, Year 2 = 555, Year 3 = 270. Year 4 =1 (institution) Average completed per year 1-3 = 368. See supporting table in Part A, page 9, for an annual breakdown

Percentage of these responses collected electronically: Year 1: 0%, Year 2: 34%, Year 3: 74%

c. Total annual hours requested: year 1 = 226.1; year 2 = 434.9; year 3 = 216.8. (Year 4= 4.0) Average hours per year (years 1-3) = 281.9. See supporting table in Part A, page 9, for an annual breakdown

d. Current OMB inventory: 0

e. Difference (+/-): 226.1

f. Explanation of difference

1. Program Change X

2. Adjustment:

17. Frequency of recordkeeping or reporting (check all that apply):

a.  Recordkeeping    b.  Third party disclosure    c.  Reporting

1. <input type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly
4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input checked="" type="checkbox"/> Annually
7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (describe)	

18. Citations for New Statutory Requirements: (Required if any change in burden is a Program Change Due to New Statute.)

a.	US Code: <input style="width: 100%;" type="text"/>	USC <input style="width: 100%;" type="text"/>	Name of Law: <input style="width: 100%;" type="text"/>
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	b. PL:	Pub.L				Sec		Name of Law:	
	c. Statute at Large:		USC					Name of Statute:	
	d. EO:	EO				Name /Subject of EO:			

**Short Statement:** (Explain the reasons for any program changes or adjustments reported; provide a short statement on how the reduction in burden was achieved or why the increase in burden occurred. (if you need more space, please provide a short statement less than 4000 characters here and elaborate in the supporting statement.))

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19.  Burden increases because of Program Change due to Agency Discretion  
 Burden decreases because of Program Change due to Agency Discretion  
 Burden increases because of program change due to statutory changes  
 Burden decreases because of program change due to statutory changes  
 Burden increases because of program change due to lapse of OMB approval  
 Burden decreases because of program change due to lapse of OMB approval

20. Add/Edit Supporting Statement and Other Documents (Note: The Supporting Statement does not have any required fields.)

Supporting Statement A

Remove	Title	Date Uploaded (MM/DD/YYYY)	Uploaded By
<input type="checkbox"/>			

Supporting Statement B

Remove	Title	Date Uploaded (MM/DD/YYYY)	Uploaded By
<input type="checkbox"/>			

Supplementary Documents

Remove	Title	Document File Name	Document Type	Date Uploaded	Uploaded By
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Public Comments

Date of Comment (mm/dd/yyyy)	Date Comment Received (mm/dd/yyyy)	Category (Select One)	Comment Type	Author's First Name	Author's Last Name	Sponsoring Organization

21. Is this collection related to EDFacts?  Yes  No
22. Are EDFacts standard definitions for School, LEA, SEA, Children With Disabilities, LEP and Migrant Used?  Yes  No
23. Please describe the types of reports and analysis to be performed against the data (500 Characters Maximum):

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# PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET

## Part II: Information Collection Burden Worksheet

# PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET

## Part IIIb: Alternate Information Collection Burden Worksheet