

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

|  |   |   |
|--|---|---|
| <b>Agency/Subagency</b><br>Department of Education, Office of Special Education and Rehabilitative Services  | <b>OMB Control Number</b><br>1820 -0659 |   |
| <b>Enter only items that change</b>  |   |   |
|  | <b>Current Record</b>                   | <b>New Record</b>                             |
| <b>Agency form number(s)</b>   |   |   |
| <b>Annual reporting and record keeping hour burden</b>   |   |   |
| <b>Number of respondents</b>   |   |   |
| <b>Total annual responses</b>  |   |   |
| <b>Percent of these responses collected electronically</b>   |   |   |
| <b>Total annual hours</b>  |   |   |
| <b>Difference</b>  |   |   |
| <b>Explanation of difference</b>   |   |   |
| <b>Program Change</b>  |   |   |
| <b>Adjustment</b>  |   |   |
| <b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>   |   |   |
| <b>Total annualized capital/startup costs</b>  |   |   |
| <b>Total annual costs (O&amp;M)</b>  |   |   |
| <b>Total annualized cost requested</b>   |   |   |
| <b>Difference</b>  |   |   |
| <b>Explanation of difference</b>   |   |   |
| <b>Program Change</b>  |   |   |
| <b>Adjustment</b>  |   |   |
| <b>Other change**</b><br><br>Clarification of instructions for completing the data collection table and breakout report of exemptions from participation due to medical emergencies. |   |   |
| <b>Signature of Senior Officer or designee:</b>  | <b>Date:</b>                            | <b>For OIRA Use</b><br><br>_____<br><br>_____ |

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