

# PAPERWORK REDUCTION ACT

## CHANGE WORKSHEET

<b>Agency/Subagency</b> Department of Education – OSERS – State Plan for Assistive Technology		<b>OMB Control Number</b> 1820-0664	
Enter only items that change Current Record			
<b>Agency form number(s)</b>	NA	New Record	
<b>Annual reporting and record keeping hour burden</b>			
<b>Number of respondents</b>	56	56	
<b>Total annual responses</b>	56	56	
<b>Percent of these responses collected electronically</b>	0%	100%	
<b>Total annual hours</b>	5,040	4,816	
<b>Difference</b>			
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	224		
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	224		
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	0		
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>			
<b>Total annualized capital/startup costs</b>	NA	NA	
<b>Total annual costs (O&amp;M)</b>	NA	NA	
<b>Total annualized cost requested</b>	NA	NA	
<b>Difference</b>			
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	NA		
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	NA		
<b>Explanation of difference</b>			
Program Change			
Adjustment			
<b>Difference</b>	NA		
<b>Other change**</b> See attached			
<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**

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