

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

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

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