

# DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

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**TITLE OF INFORMATION COLLECTION:**  
(the collection that is the subject of the 10-day review request)

SURVEY     FOCUS GROUP     SOFTWARE USABILITY TESTING

**REQUESTED APPROVAL DATE:**

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

Specify all relevant information, including

1. intended purpose,
2. need for the collection,
3. planned use of the data,
4. date(s) and location(s),
5. collection procedures,
6. number of focus groups, surveys, usability testing sessions
7. description of respondents/participants,

Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE**

In general, no payments are planned. ED/ FSA will consult with OMB if it believes that a payment is necessary to account for factors such as high parking fees at a focus group location, potential for inclement weather or other conditions exacerbating travel difficulties, length or complexity of the subject matter, participant recruitment difficulties, or consequences of attendance failures.

**BURDEN HOUR COMPUTATION** (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

Category of Respondent	No. of Respondents	Participation Time	Burden
<b>Totals</b>			

**BURDEN COST COMPUTATION**

Category of Respondent	No. of Respondents	Hourly Rate	Response Time	Total
<b>Totals</b>				

**STATISTICAL INFORMATION**

**If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.**

**NAME OF CONTACT PERSON:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**MAILING LOCATION:**