

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)**

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**TITLE OF INFORMATION COLLECTION:** OME Conference Individual Session Evaluation Form

**PURPOSE:** Assess conference sessions providing technical assistance and information presented to the Migrant Education Program, High School Equivalency Program, and College Assistance Migrant Program stakeholders/grantees.

**DESCRIPTION OF RESPONDENTS:** Respondents will consist of staff members/stakeholders from the 48 State educational agencies that have a Migrant Education Program, 46 High School Equivalency Program grants, and/or 40 College Assistance Migrant Program grants.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _____                            |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: \_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Grantees/Subgrantees	400	6 min	40 hrs
<b>Totals</b>	<b>400</b>	<b>6 min</b>	<b>40 hrs</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3, 5667

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We do not intend to use statistical methods to choose respondents. The universe of respondents for this evaluation form will be anyone who attends an individual session at the conference; therefore, the universe of potential respondents is limited to those individuals who register and/or attend.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**