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

**TITLE OF INFORMATION COLLECTION:** **Race to the Top School Turnaround Leads Convening. Meeting Evaluation**

**PURPOSE:** This submission is a request for approval of a data collection activity that will support the improvement of Race to the Top State Convenings conducted by the Reform Support Network (the Network) under contract to the U.S. Department of Education (ED). The Race to the Top State Convenings are intended to provide Race to the Top grantees with in-person opportunities to share information, tools, and strategies as well as collaboratively problem-solve issues around topics related to education reform.

In this package, we are requesting approval to administer a survey to participants at a convening on February 8, 2012, with the goals of ascertaining:

* the quality and relevance of the sessions,
* what attendees found particularly helpful,
* suggestions about how future convenings might be improved, and
* topics for potential technical assistance support.

There is no existing data collection that can provide us with information on the utility of providing support to Race to the Top grantees through Race to the Top State Convenings. This data collection effort is essential for (a) determining whether the information is perceived as relevant and useful to its intended audience, (b) determining how future convenings might be improved, and (c) identifying needs for future technical assistance support.

The information collected will provide useful data to ED about how to more effectively target and meet the needs of Race to the Top grantees through Race to the Top State Convenings. The survey data will allow us to provide targeted follow-up support to Race to the Top grantees.

All individuals who attend the convening will be asked to voluntarily complete the survey*.* It will be administered at the end of the event, in hard copy. To help ensure confidentiality, Network Staff will ask participants to place each completed survey in a sealed envelope that will be held in a secure location by the Network. Feedback surveys will not require any names and will not be reported in a way that allows for identification of individual responses.

**DESCRIPTION OF RESPONDENTS**: The target population of this survey is state/local government employees in attendance at the convening. The group will consist of approximately 20 individuals. A 90 percent response rate is expected.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus Group [ ] 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:\_\_Jamilla Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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** |
| Project Directors | 20 | 5 minutes | 2 hours |
|  |  |  |  |
| **Totals** | **2** | 5 minutes | **2 hours** |

**FEDERAL COST:** There is no cost burden to the respondents.

**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?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[X ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No