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

# TITLE OF INFORMATION COLLECTION:

# *National Center for Innovation in Career and Technical Education: Training Evaluation Survey*

**PURPOSE:**

The purpose of the evaluation survey is to measure participant satisfaction with the logistics, content, and usefulness of information presented by the National Center for Innovation in Career and Technical Education (NCICTE) as part of its annual training series. The NCICTE will offer three trainings in each of the three program years for which it is funded (i.e., extending from June 15, 2012–June 14, 2015). Feedback from the evaluation survey will be used to inform and enhance training services provided by Center staff.

**DESCRIPTION OF RESPONDENTS**:

The primary respondents are federal and state policymakers, state, and local education agency/institution of higher education administrators and instructors, and other interested career and technical education stakeholders participating in NCICTE training. A total of three training will be held each year, with each event consisting of up to four webcast and/or webinar presentations (i.e., 3 trainings @ 4 presentations/training = 12 presentations per year). NCICTE anticipates up to 100 individuals will participate in each presentation.

**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: Carolyn Lee, Office of Vocational and Adult Education, U.S. Department of Education

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** |
| ***NCICTE Training Participants*** | 1,200 | 5 minutes/survey | 100 burden hours |
| **Totals** | **1,200** | **5 minutes/survey** | **100 burden hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is: Not Applicable

**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?

Each participant logging into the NCICTE presentation will be prompted to complete a survey when they log out of the training event. All participants will be offered the opportunity to participate in the survey.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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