

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

**TITLE OF INFORMATION COLLECTION:**

***RPOS State Team Meeting: Customer Satisfaction Survey***

**PURPOSE:**

The purpose of this voluntary survey is to measure participant satisfaction with the content and quality of information shared during the annual *RPOS State Team Meeting*. The feedback garnered from the survey will be used to inform Office of Vocational and Adult Education (OVAE), U.S. Department of Education staff on the value of the information presented and to improve future meetings. A hardcopy of the survey will be distributed at the conclusion of the annual meeting. This year’s meeting will be held on September 17-18, 2013.

**DESCRIPTION OF RESPONDENTS:**

Respondents will include career and technical education (CTE) state agency, secondary institution, and postsecondary institution staff participating in the Rigorous Programs of Study (RPOS) Project in six states (Arizona, Kansas, Maryland, Montana, Utah, and Wisconsin). OVAE anticipates up to 50 individuals will participate. No more than 50 participants will be asked to voluntarily complete the survey.

**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.

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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  No

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
<i>Representatives of State, local, and tribal governments</i>	50	5 minutes	250 burden minutes
<b>Totals</b>	<b>50</b>	<b>5 minutes</b>	<b>4.2 burden hours</b>

**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  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?

Meeting participants must register for the event. All meeting attendees will be requested to complete a survey on a voluntary basis.

**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  No

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