

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1800-0542)**

**TITLE OF INFORMATION COLLECTION: U.S. Department of Education Reform Support Network Race to the Top Instructional Improvement/Data Systems CoP Leads Survey (2014)**

**PURPOSE:** The U.S. Department of Education (ED) is committed to understanding the utility and relevance of TA provided to Race to the Top (RTT) States through the Reform Support Network (RSN) in order to inform both service and program improvement in ensuring States achieve their Race to the Top goals as authorized by the *American Recovery and Reinvestment Act of 2009 (ARRA)*, Section 14005-6, Title XIV, (Public Law 111-5). The Reform Support Network provides TA to Race to the Top States through a variety of mechanisms including Communities of Practice, Webinars, Convenings, Product Development, and individualized technical assistance.

In support of RTT States, it is important to ensure that all TA provided through RSN is of high quality, relevant, useful, and helpful as States work towards achievement of their RTT goals. A survey will be administered to Instructional Improvement/Data Systems (IIDS) CoP Leads. Results will be used to inform future TA and better understand how and when TA is useful to RTT grantees from a State perspective.

**DESCRIPTION OF RESPONDENTS:** Surveys will be e-mailed to the 43 IIDS CoP/Working Group participants. Follow-up for non-respondents will occur as needed by telephone and e-mail. Extensive skip patterns and logic for this on-line survey will significantly reduce burden and all participants will only answer questions which are applicable to their CoP participation.

**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: \_\_Danielle Smith, ODS ISU\_\_\_\_\_

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**

| Category of Respondent         | No. of Respondents | Participation Time | Burden             |
|--------------------------------|--------------------|--------------------|--------------------|
| Race to the Top IIDS CoP Leads | 43                 | 15 minutes         | 10.75 hours        |
| <b>Totals</b>                  | <b>43</b>          | 15 minutes         | <b>10.75 hours</b> |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,989.63

**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?

We plan to survey the entire universe of IIDS CoP/Working Group Leads. All collection will be online unless a phone interview is requested.

**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

DRAFT