Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: XXXX-YYYY)

TITLE OF INFORMATION COLLECTION:

ADDM Network: Communication Materials Testing and Development

PURPOSE:

Subsequent to the passing of the Children's Health Act of 2000, CDC created the Autism and Developmental Disabilities Monitoring (ADDM) Network in 2000. The ADDM Network is a group of programs funded by CDC to estimate the number of children with autism spectrum disorders and other developmental disabilities in the United States.

In March 2012, CDC's ADDM Network released an updated autism prevalence report. In addition to the full scientific report, a Community Report and several related communications materials were released simultaneously. These communications materials are meant to present the ADDM Network findings in a way that is useful to parents, providers, policymakers, and other autism stakeholders. The proposed informal focus groups will be used to evaluate these ADDM Network communications materials.

DESCRIPTION OF RESPONDENTS:

TYPE OF COLLECTION: (Check one)

The target population is autism stakeholders attending the Autism Society of America annual conference who are between the ages of 18 and 75. The conference at which the focus groups are to be held will take place July 25-28, 2012 in San Diego, California. There will be three focus groups with 10 volunteer participants per group.

[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [X] Focus Group			
CERTIFICATION:			
I certify the following to be true:			
1. The collection is voluntary.			
. The collection is low-burden for respondents and low-cost for the Federal Government.			
The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.			
I. The results are <u>not</u> intended to be disseminated to the public.			
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.			
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:_C. Leah Franklin			
To assist review, please provide answers to the fol	lowing question:		
Personally Identifiable Information:			

1. Is personally identifiable information (PII) collected? [] Yes [X] No

2. If Yes, is the information that will be collected including Privacy Act of 1974? [] Yes [] No3. If Applicable, has a System or Records Notice been		•	the
Gifts or Payments: Is an incentive (e.g., money or reimbursement of experparticipants? [] Yes [X] No	nses, token of ap	preciation) provid	led to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burder
Individuals (aged 18-75)	30	45/60	23
Totals			23
 The selection of your targeted respondents 1. Do you have a customer list or something similar to respondents and do you have a sampling plan for something plan for s	electing from thi	s universe? Yes [X] No	
If the answer is yes, please provide a description of both the answer is no, please provide a description of how y	th below (or attac	ch the sampling p	,
respondents and how you will select them?			
Participants in the focus group will comprise a convenience of the Autism Society of America annual conference who a Announcements about the focus groups will be made after softyers will be posted in common areas. Announcements and each focus group will take place as well as contact informat first 10 volunteers who arrive at the designated time and placehosen to participate. Any volunteers who arrive after those number has been reached, invited to participate in the next fall participants will be assured that their participation is volunteers.	re between the age select conference select conference select conference select to learn more acce for each focuse first 10 will be not focus group, and/o	es of 18 and 75. sessions and a numle the time and plac about the focus group will be those otified that the max	ber of that oups. The who are timum
Administration of the Instrument 1. How will you collect the information? (Check all the second of the forms of Social Media [] Telephone [X] In-person [] Mail [] Other, Explain	hat apply)		

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

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

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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