

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

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**TITLE OF INFORMATION COLLECTION:** The 2012 Annual State Directors’ (ASDM) Meeting

**PURPOSE:**

The requested customer satisfaction survey is an event evaluation. The responses will be compiled and descriptive statistics reported to project and program staff for program improvement. Planning for future events relies on the feedback the Division receives on these evaluations about training needs and relevance of session content and skill of facilitators.

The 2012 ASDM event will be held April 3-5 at a hotel in Washington, DC. Events are annual in the spring with a booster-type two day event in the fall for new state directors.

**DESCRIPTION OF RESPONDENTS:**

The Annual State Directors’ Meeting (ASDM) is a yearly training, technical assistance, and informational multi-day workshop sponsored by the Division of Adult Education and Literacy of the Office of Vocational and Adult Education for each state’s director of adult education and key state staff. The meeting provides hands-on activities related to the administration of adult education State grants in regulatory, fiscal, and program improvement areas, and fosters collaboration among states working with adult education populations. Attendees include primarily state’s director of adult education and key state staff, with smaller representation of local program providers, federal contractors managing OVAE projects, researchers, and other adult service providers or professional association members.

**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: Heidi Silver-Pacuilla

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
2012 ASDM event participants	200	.08	16
2012 booster-event participants	75	.08	6
<b>Totals</b>			<b>22 Hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$0

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

N/A

**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?

### **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

The paper evaluations will be distributed with the participants' binders upon registration and time at the end of each session and end of each day will be provided for participants to record their responses. Completed forms will be collected at the end of each day.

2. Will interviewers or facilitators be used?  Yes  No

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