Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3135-0128)

TITLE OF INFORMATION COLLECTION:

Arts Education Managers' Professional Development Institute Evaluation

PURPOSE:

The purpose of this information collection is to evaluate the effectiveness of the Arts Education Managers' Professional Development Institute (PDI), a national training program offered on an annual basis. For more than 20 years, the National Endowment for the Arts and NASAA have collaborated to offer the PDI in order to provide leadership development and technical assistance for state arts agency arts education managers. The information collected from respondents will be used by the NEA, NASAA and the Arts Education Advisory Group members (the PDI steering committee) to inform the planning and design of future professional development programs.

DESCRIPTION OF RESPONDENTS:

Individuals invited to respond to the survey will be attendees of the 2012 PDI. A majority of these attendees are state arts agency arts education managers: the individuals responsible for the design and implementation of arts learning programs in each of the nation's 50 states and 6 jurisdictions.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software) [] Focus Group	[X] Customer Satisfaction Survey[] Small Discussion 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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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: Steven Shewfelt

To assist review, please provide answers to the following question:

Personally Identifiable Information:

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

 If Yes, is the information that will be collected included Privacy Act of 1974? [] Yes [] No [X] Not app. If Applicable, has a System or Records Notice been applicable 	licable	J	
Gifts or Payments: Is an incentive (e.g., money or reimbursement of expending participants? [] Yes [X] No	ses, token of ap	preciation) provid	led to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
State, Local, and Tribal Governments	55	15	14
Totals			14
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? [X] 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? • All participants of the 2012 PDI (n = 55) will be surveyed.			
Administration of the Instrument 1. How will you collect the information? (Check all the [X] Web-based or other forms of Social Media [] Telephone [] In-person [] Mail [] Other, Explain	nat apply)		
2. Will interviewers or facilitators be used? [] Yes [Xes] Please make sure that all instruments, instructions, request.		submitted with	the

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.

