

DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

TITLE OF INFORMATION COLLECTION: FSA Outreach Presentation Evaluation
(the name of the collection that is the subject of the 10-day review request)

SURVEY **FOCUS GROUP** **SOFTWARE USABILITY TESTING**

DESCRIPTION OF THIS SPECIFIC COLLECTION

Specify all relevant information, including

1. intended purpose: The purpose of this survey is to gather feedback from our customers (parents, students, borrowers) and partners (college access professionals) after an outreach event (in-person trainings and presentations and virtual webinars).
2. need for the collection: This information is needed to evaluate the effectiveness of our presentations, determine ways we can improve, and get a better idea of what our customers and partners need.
3. planned use of the data: We plan to use the data internally to make data-driven evaluations and suggestions for improvement about resources and methodology.
4. date(s) and location(s): The survey will be sent electronically to attendees after every outreach event.
5. collection procedures: We will distribute the surveys and collect the responses electronically through Survey Monkey.
6. number of focus groups, surveys, usability testing sessions: There will only be one survey sent per attendant per presentation.
7. description of respondents/participants. The respondents are customers (parents, high school/college/adult students, borrowers) and partners (college access professionals) who attended an outreach event.

State whether the data collection will be completed one time, will be collected on an annual basis, or other.

This survey will be completed one time by participants after every outreach event.

Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE

No payments, stipends or incentives will be given.

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

Category of Respondent	No. of Respondents	Participation Time	Burden
	625	5 minutes	52
Totals	625	5 minutes	52

BURDEN COST COMPUTATION (*this is only required when a stipend is being offered*)

Category of Respondent	No. of Respondents	Hourly Rate	Response Time	Total
Totals				

STATISTICAL INFORMATION

If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.

This survey does not employ statistical methods.

REQUESTED APPROVAL DATE: 12/10/2018

NAME OF CONTACT PERSON: Claire Bucknor

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MAILING LOCATION: 830 First Street NE 32C2 Washington DC, 20202

ED DEPARTMENT, OFFICE: FSA