

**Request for Approval under the  
“Generic Clearance for the Collection of Routine Customer Feedback”  
OMB Control No. 0690-0030**

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**TITLE OF INFORMATION COLLECTION:** Evaluations for soliciting feedback on Students Collaborating to Undertake Tracking Efforts for Sturgeon (SCUTES) elementary-middle and middle-high school educational kits

**PURPOSE:** The purpose of the evaluation is to find out how teachers and educators use the SCUTES educational kits, and how well the kits’ lesson plans and activities worked in the classroom. We will use this information to further improve the kits.

**DESCRIPTION OF RESPONDENTS:** Aquarium educators, elementary, middle, and high school teachers who have used the SCUTES educational kits.

**TYPE OF COLLECTION:** (Check one)

Customer Comment Card/Complaint Form  
 Usability Testing (e.g., Website or Software)  
 Focus Group

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 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: David Gouveia

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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 Hours
Individuals or Households	20	5 minutes	1.67
<b>Totals</b>	<b>20</b>	5 minutes	<b>1.67</b>

Ongoing collection? Yes \_\_\_ or No X

**FEDERAL COST:** The estimated annual cost to the Federal government is no costs other than regular program costs.

**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 will be gathering a list of interested participants from various events (conferences, workshops, etc.), and we will be offering the evaluation to all participants who use the educational kits.

**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 [X] No

**Required Additional Information (check ROCIS in IC List for this info ---  
needed for OCIO staff to complete request)**

1. Line of Business: Natural Resources

2. Subfunction: Conservation, Marine and Land Resources

3. Privacy Act System of Records: Title: NA

4. Federal Registration citation information: Volume NA Pg. No. NA

5. Number of respondents for small entities: 0

6. Percentage of respondents reporting electronically: 0

**Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document.**

**Every instrument (survey/form) or correspondence to respondents must have the following displayed –**

**OMB Control No. 0690-0030**

**Expiration Date: 06/30/2017 and**

**The standard PRA Notwithstanding statement informing respondents of the OMB control number's legal significance in accordance with 5 CFR 1320.5(b).**