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

TITLE OF INFORMATION COLLECTION: Evaluations for soliciting feedback on Sea-Run, Go!: Using technology to learn about historically important sea-run fish.

PURPOSE: The purpose of the evaluation is to find out how teachers and educators use the lesson plan and app, and how well the educational platform worked in the classroom. We will use this information to further improve outreach materials for the International Year of the Salmon.

DESCRIPTION OF RESPONDENTS: Aquarium educators, elementary, middle, and high school teachers who have used the lesson plan and app.

TYPE OF COLLECTION: (Check one)	
[X] 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 <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.

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Name:	Jean	As	X	Date:	4/8/	2019

To assist review, please provide answers to the following question: **Personally Identifiable Information:** 1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No **BURDEN HOURS** Category of Respondent No. of **Participation** Burden Respondents Time Hours Individuals or Households 20 5 minutes 1.67 **Totals** 20 5 minutes 1.67 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 [X] 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

[] Telephone [] In-person [X] Mail

[] Other, Explain

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media

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

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: 07/31/2020 and

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