Date: Double click here to enter today's date

PAPERWORK REDUCTION ACT (PRA)
EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION:	**School District Review Program**
OMB CONTROL NUMBER:	0607-0987
DIVISION/PROGRAM OFFICE:	**Geography Division, Partnership Communication and Outreach Branch**
AGENCY CONTACT:	**Pennington, Robin A**

TYPE OF INFORMATION COLLECTION REQUEST:

☐	New collection	
☒	Revision of a currently approved collection	[current expiration date:]
☐	Extension, without change, of a currently approved collection	[current expiration date:]
☐	Reinstatement, without change, of a previously approved collection for which approval has expired	
☐	Reinstatement, with change, of a previously approved collection for which approval has expired	
☐	Existing collection in use without an OMB Control Number	

PURPOSE OF COLLECTION:

The SDRP enables state officials to review the Census Bureau's school district information and update Local Education Agency IDs, school district boundaries, names, levels, and grade ranges for which each school district is financially responsible.

DATA COLLECTION START DATE:	8/1/2018		
REQUESTED OMB EXPIRATION DATE:	☒ Three years from approval date	☐ Other date: [ ]	
60-DAY FEDERAL REGISTER CITATION:	**83 FR 4464**	**DATE PUBLISHED: 1/31/2018**	
MANDATORY OR VOLUNTARY COLLECTION?	☐ Mandatory	☒ Voluntary	☐ N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

☐ Yes [Specify agency/entity:]

☒ No

☐ Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Education Act (ESEA) as amended by Every Student Succeeds Act of 2015, Public Law 114-95. The National Center for Education Statistics (NCES) sponsors the SDRP.

SURVEY INFORMATION:

What is the source of the sampling frame for this collection?

What are the mode(s) for collection? ☐ Paper ☒ Internet ☐ Computer Assisted Personal Interviewing (CAPI)

☐ Computer Assisted Telephone Interviewing (CATI) ☐ Other

PUBLIC BURDEN:

Average Estimated Time per Response: **40** Hours Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents	**51**
Number of Responses	**51**
Requested Annual Burden Hours	**2040**
Current Annual OMB Inventory	**2040**
Difference (+, -)	Click to enter difference

Reason for Difference in Burden Hours: ☒ Program Change ☐ Adjustment ☐ No Difference

Explanation of Difference (if applicable): **Program changed from occurring every two years to occurring annually.**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?	☒ No ☐ Yes - *If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.*

TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9?	☐ Yes	☒ No
If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015[1]?	☐ Yes	☐ No
Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable?	☐ Yes	☐ No

[1] Please refer to the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" Memo

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PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:

Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	☐	☐	☐	☐		☐
The legal authority(ies) that authorize the collection of information.	X	X	☒	☐	☐	☒		☐
Whether responses are mandatory or voluntary (citing the authority)	X	X	☐	☐	☐	☐		☐
The nature and extent of confidentiality to be provided (if any) citing authority	X		☐	☐	☐	☐		☐
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		☒	☐	☐	☒		☐
OMB control number	X		☒	☐	☐	☒	**Submission Log**	☐
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		☐	☐	☐	☐		☐
Published routine use for which information is subject and citation to relevant SORN		X	☐	☐	☐	☐		☐
The effects on the individual for not providing the requested information		X	☐	☐	☐	☐		☐

Comments:

ADDITIONAL INFORMATION:
Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).