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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:

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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:	<input checked="" type="checkbox"/> Program Change <input type="checkbox"/> Adjustment <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.
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TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015 ¹ ?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Submission Log	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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).

[Yellow highlighted area for additional information]