

DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

TITLE OF INFORMATION COLLECTION: Virtual Title IV Technical Assistance
(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 information to assess the effectiveness and quality of recently conducted Virtual Technical Assistance Training.
2. need for the collection: To gain customer feedback.
3. planned use of the data: Specific feedback will help us in developing content for future interaction with university administrators
4. date(s) and location(s): 1.18.2021, online.
5. collection procedures: Attendees/participants will be sent a link to the electronic survey
6. number of focus groups, surveys, usability testing sessions: One survey per attendee
7. description of respondents/participants. University Presidents, Financial Aid Administrators or their designated representative

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

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

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 |
|------------------------|--------------------|--------------------|----------------|
| | 20 | 5 minutes | 2 hours |
| Totals | 20 | 5 minutes | 2 hours |

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.

REQUESTED APPROVAL DATE: 1/15/2021

NAME OF CONTACT PERSON: Freda Donald

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MAILING LOCATION: UCP Rm 31J1, 830 First Street NE, Washington, DC 20202

ED DEPARTMENT, OFFICE: Federal Student Aid/Partner Technical Assistance Group/Minority-Serving and Under-Resourced Schools Division