

# DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

*NOT an A-11 survey*

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**TITLE OF INFORMATION COLLECTION: Session Evaluation Survey**  
(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 anonymously gather information to assess the effectiveness and quality of recently conducted training sessions.
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): 3.20.2021, 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 Per Session**

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
Individuals	100	5 minutes	8 hours
<b>Totals</b>	<b>100</b>	5 minutes	<b>8 hours</b>

**BURDEN COST COMPUTATION** (this is only required when a stipend is being offered)

Category of Respondent	No. of Respondents	Hourly Rate	Response Time	Total
<b>Totals</b>				

**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: 3/10/2021**

**NAME OF CONTACT PERSON: Freda Donald**

**TELEPHONE NUMBER: 202 377-3600**

**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**