

# DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

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**TITLE OF INFORMATION COLLECTION:**

Presidential Symposium Leadership Survey

**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 data to measure the Minority-Serving and Under-Resourced Schools most requested training topics for our Spring Summer workshops.
2. Need for the collection: To gain customer feedback
3. Planned use of the data: Specific feedback will help to determine if the second symposium will be held.
4. Date and location(s): The survey will be conducted November 21<sup>th</sup>, 2019, electronically
5. Collection procedures: Attendees/participants will be sent a link to the electronic survey using the email address they provided
6. Number of focus groups, surveys, usability testing sessions: one survey per attendee
7. Description of respondents/participants. The participants will consist of Financial Aid Administrators or their designated representatives

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

*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:** N/A

**BURDEN HOUR COMPUTATION** (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Financial Aid Administrators	687	5 minutes	1 hour*
<b>Totals</b>	687	5 minutes	1 hour*

\*The 1 hour is posted to the submission as the burden hours are already included in the generic collection approved by OMB under 1845-0045.

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

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Hourly Rate</b>	<b>Response Time</b>	<b>Total</b>
<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:** 11/18//2019

**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, School Experience, Minority-Serving and Under-Resourced Schools Division