

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

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