## DOCUMENTATION FOR THE GENERIC CLEARANCE

**OF CUSTOMER SERVICE SATISFACTION COLLECTIONS**

NOT an A-11 survey

# TITLE OF INFORMATION COLLECTION: Session Evaluation Survey

*(the name of the collection that is the subject of the 10-day review request)*

**[ X] 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 |
|  |  |  |  |
| **Totals** | **100** | 5 minutes | **8 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: 3/10/2021**

**NAME OF CONTACT PERSON: Freda Donald**

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