

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 1880-0542)**

TITLE OF INFORMATION COLLECTION:

Teacher Education Preparation Program Pledge Survey

PURPOSE:

To collect data that:

- 1) Identifies areas where ISTE can improve the pledge signer support process;
- 2) Establishes baseline data for EPP progress in meeting the pledge principles;
- 3) Based on aggregated data, identifies areas where EPPs are generally strong and areas where there are areas for improvement.

ISTE will prepare a report of the findings for the U.S. Department of Education.

DESCRIPTION OF RESPONDENTS:

This survey will be deployed to EPPs that have signed the pledge. Specifically, the survey will be provided to EPP leader (program chair or higher, target is Dean) and faculty recognized as the lead edtech expert in an EPP program.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: _____ Carolyn Sykora _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No

2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If Applicable, has a System or Records Notice been published? ☐ Yes ☐ No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☒ Yes ☐ No

ISTE will provide a token of appreciation gift not to exceed \$25/survey responder.

BURDEN HOURS

Category of Respondent: Individuals	No. of Respondents	Participation Time	Burden
EPP Leader	60	20 min	20 hrs
EPP Faculty edtech expert	60	20 min	20hrs
Totals			40 hrs

FEDERAL COST: The estimated annual cost to the Federal government is __\$0 annual cost

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
☒ Yes ☐ No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The customer list is made up of EPP Deans and their identified faculty counterpart who is an edtech expert that sign on to the Digital Equity & Transformation Pledge. Signing the pledge is completely voluntary. This list grows as EPPs learn about, consider and decide to sign the pledge.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - ☒ Web-based or other forms of Social Media
 - ☐ Telephone
 - ☐ In-person
 - ☐ Mail
 - ☐ Other, Explain
2. Will interviewers or facilitators be used? ☒ Yes ☐ No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

See attached survey questions.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.