

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 0503-0024)**

TITLE OF INFORMATION COLLECTION:

Forest Service Conservation Education Youth Survey

PURPOSE OF COLLECTION:

What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?

Conservation education delivers a variety of programs that inspire exploration, engagement, and stewardship of natural resources by individuals of all ages. We want to track participant experience and satisfaction with these programs to support program improvements and determine learning outcome achievement.

TYPE OF ACTIVITY: (Check one)

- ☐ Customer Research (Interview, Focus Groups)
- ☒ Customer Feedback Survey
- ☐ User Testing

ACTIVITY DETAILS

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. Who will you collect the information from?

Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)

Youth ages ten to eighteen who participate in conservation education programming will be invited to take the survey.

3. How will you ask a respondent to provide this information?
(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

At the end of the program, youth will be invited to complete the survey. Those who choose to do so will be provided with either a paper or web-based survey that requires 5 minutes to complete.

4. What will the activity look like?
Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

When a youth chooses to take the survey, they will either receive a link to web-based questions (desktop or mobile device) or a hard-copy survey to complete. They will be presented with a series of multiple-choice questions and open-ended questions. We are using an age-appropriate scale for our survey responses. Upon completion, electronic respondents will encounter a screen thanking them for their feedback to "help us improve our educational programming." On this page the Burden Statement is also displayed. Paper survey respondents will have the Burden Statement provided on the front footer of the survey. Upon completion they will return the survey to their Forest Service instructor, who will verbally thank them for completing it.

5. Please provide your question list.
Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

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

OMB Control Number: 0503-0024
Expiration Date 04/30/2026

**USDA Forest Service
Conservation Education Youth Survey
Draft**

1. How much did you enjoy this program?
☐ Not Much ☐ Somewhat ☐ Very Much ☐ Other: _____
2. As a result of participating in this program do you:
 - a. Want to spend more time outside?

☐ No ☐ Unsure ☐ Yes

b. Want to learn more about a topic?

☐ No ☐ Unsure ☐ Yes

If yes, what topic would you like to learn more about?

c. Care more about the environment?

☐ No ☐ Unsure ☐ Yes

d. Want to take action to help the environment?

☐ No ☐ Unsure ☐ Yes

If yes, what will you do?

e. Want to explore careers where you can help the environment?

☐ No ☐ Unsure ☐ Yes

3. Did you learn anything useful during the program?

☐ No ☐ Unsure ☐ Yes

4. Did you feel safe during the program?

☐ No ☐ Unsure ☐ Yes

5. Did it feel safe to express your thoughts and beliefs openly in this program?

☐ No ☐ Unsure ☐ Yes

6. What do you think you will remember about this program?

Paperwork Reduction Act Notice

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0503-0024. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the U.S.D.A. Forest Service email address SM.FS.InfoCollect@usda.gov and include the OMB Control Number in the subject line.

6. When will the activity happen?

Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

The survey will remain in use in alignment with the timing of the overall clearance.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[] Yes [X] No
If Yes, describe:
XXX

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Youth ages 10 to 18	4500	5 minutes	375 hrs
Totals			

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

Name: X
Heidi McAllister
Assistant Director, Conservation Education

All instruments used to collect information must include:
OMB Control No. 0503-0024
Expiration Date: 04/30/2026

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.

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: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.