

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

Agency/Subagency originating request: **U.S. Department of Education, Office of Educational Research and Improvement, National Center for Education Statistics**

2. OMB control number:

a. 1850-0768 b. [] NONE:

3. Type of information collection (check one):

- a. [] New collection
- b. [X] Revision of a currently approved collection
- c. [] Extension of a currently approved collection
- d. [] Reinstatement, without change, of a previously approved collection for which approval has expired
- e. [] Reinstatement, with change, of a previously approved collection for which approval has expired
- f. [] Existing collection in use without an OMB control number

4. Type of review requested (check one):

- a. [X] Regular (if streamlined also check here

5. Small entities:

Will this information collection have a significant economic impact on a substantial number of small entities? [] Yes [X] No

6. Requested expiration date:

- a. [X] Three years from approval date
- b. [] Other - Specify:

For b-f, note Item A2 of Supporting Statement instructions

7. Title (10-15 words maximum):

National Household Education Surveys Program of 2003 (NHES:2003)

8. Agency form number(s) (if applicable): N/A

9. Keywords:

Parent involvement in education; school choice; home schooling; adult education, work-related training

10. Abstract: The NHES:2003 will be a survey of households using random-digit-dialing and computer-assisted telephone interviewing. Two topical surveys are to be conducted in the NHES:2003: Parent and Family Involvement in Education (PFI-NHES:2003), and Adult Education for Work-related Reasons (AEWR-NHES:2003). Respondents to the PFI-NHES:2003 will be parents of children in kindergarten through 12th grade. Respondents to the AEWR-NHES:2003 will be persons age 16 and older who are not enrolled in elementary or secondary school. The PFI survey will provide current measures of children's educational experiences and family involvement in the education of their children and allow for the analysis of change over time. The AEWR survey will provide in-depth information on the participation of adults in training and education that prepares adults for work or careers and maintains or improves their skills.

11. Affected public (mark primary with "P" and all others that apply with "X"):

- a. [P] Individuals or households
- b. [] Businesses or other for-profits
- c. [] Not-for-profit institutions
- d. [] Farms
- e. [] Federal Government
- f. [] State, local or Tribal Gov't, SEAs or LEAs

12. Obligation to respond (Mark primary with "P" and all others that apply with "X"):

- a. [X] Voluntary
- b. [] Required to obtain or retain benefits
- c. [] Mandatory

13. Annual reporting and recordkeeping hour burden: 2002 2003

a. Number of respondents	<u>2,400</u>
b. Total annual responses	<u>2,400</u>
1. Percentage of those responses collected electronically	<u>0%</u>
c. Total annual hours requested	<u>359</u>
d. Current OMB inventory	<u>15,012</u>
e. Difference (+/-)	<u>-14,653</u>
f. Explanation of difference	
1. Program change	<u>-14,653</u>
2. Adjustment	<u>0</u>

14. Annual reporting and recordkeeping cost burden (in thousands of dollars):

	2002	2003
a. Total annualized capital/startup costs	<u>NA</u>	<u>NA</u>
b. Total annual costs (O&M)	<u>NA</u>	<u>NA</u>
c. Total annualized cost requested	<u>NA</u>	<u>NA</u>
d. Current OMB inventory	<u>NA</u>	<u>NA</u>
e. Difference (+/-)	<u>NA</u>	<u>NA</u>
f. Explanation of difference		
1. Program change	<u>NA</u>	<u>NA</u>
2. Adjustment	<u>NA</u>	<u>NA</u>

15. Purpose of information collection (mark primary with "P" and all others that apply with "X"):

- a. [] Application for benefits
- b. [] Program evaluation
- c. [P] General purpose statistics
- d. [] Audit
- e. [X] Program planning or management
- f. [X] Research
- g. [] Regulatory or compliance

16. Frequency of recordkeeping or reporting (check all that apply):

- a. [] Recordkeeping
- b. [] Third party disclosure
- c. [X] Reporting
 - 1. [] On occasion
 - 2. [] Weekly
 - 3. [] Monthly
 - 4. [] Quarterly
 - 5. [] Semi-annually
 - 6. [] Annually
 - 7. [] Biennially
 - 8. [X] Other (describe) Once

17. Statistical methods:

Does this information collection employ statistical methods? [X] Yes [] No

19. Regulatory information (information provided in this block will be used to improve the processing of the information collection):

- a. Does this collection contain a proposed regulation? [] Yes [X] No
If yes, check item that applies: [] NPRM [] Final [] Other
- b. List all Paperwork Reduction Act sections that apply to this collection:

NA

18. Agency contact (person who can best answer questions regarding the content of this submission):

Name: Edith McArthur
Phone No.: 202-502-7393
Fax No.: 202-502-7490

20. Certification for Paperwork Reduction Act Submissions

On behalf of this federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

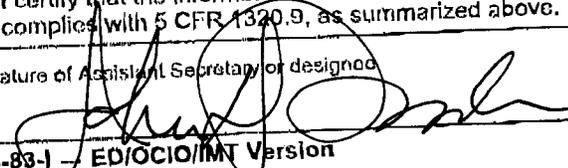
NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date
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For Department of Education Internal Use	
I certify that the information collection being submitted to the Senior Official, or designee, encompassed by this request complies with 5 CFR 1320.9, as summarized above. <i>(Assistant Secretary signature required for emergency reviews.)</i>	
Signature of Assistant Secretary or designee	Date
	4/8/01