PAPERWORK REDUCTION ACT
CHANGE WORKSHEET

Agency/Subagency		OMB Control Number
Department of Education, Office of Special Education and Rehabilitative Services		1820 -0518
	Enter only items that change **Current Record**	**New Record**
Agency form number(s)		
Annual reporting and record keeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically		
Total annual hours		
Difference		
Explanation of difference		
Program Change		
Adjustment		
Annual reporting and record keeping cost burden (in thousands of dollars)		
Total annualized capital/startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program Change		
Adjustment		
Other change**		
Clarification of instructions for completing the data collection table.		
Signature of Senior Officer or designee: Sheila Carey for Angela Arrington	**Date:** 9-26-08	**For OIRA Use**

**This form cannot be used to extend an expiration date

OMB 83-C