Attachment D

OMB No. 0920-XXXX Exp. Date XX-XX-20XX

National Center for Health Statistics

Data Detectives Summer Camp 2017

Teacher Recommendation Form

NOTICE - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

Assurance of Confidentiality - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)).

To the camp applicant: Please type or neatly print the requested information below. Then give this form to a math teacher who knows you well enough to assess your ability to participate in the Data Detectives Summer Camp.

Camp Applicant: _____

Last Name First Name

Middle Initial

"I hereby waive any rights I may have to examine this confidential information"

Signed:		Date: _	/	/	
	(Signature of student applicant)		(month)	(day)	(year)

To be completed by Recommender:

NOTE: Our camp is a summer program for all students who are interested in math and statistics and will be entering grades 6 or 7. Recommendations may not be submitted by family members or relatives.

1. How long (in what capacity) have you known the applicant and in what context?

2. Please rate your impression of the applicant for the following statements:

1 = Below Average 2 = Average 3 = Above Average 4 = Excellent N/A = Unable to Judge

a)	Academic achievement	
b)	Interest in math	
c)	Level of maturity	
d)	Willingness to accept direction and/or supervision	
e)	Sensitivity to needs and feelings of others	
f)	Ability to get along with others	
g)	Commitment to his or her education	
h)	Behavior on a typical day	

- 3. What do you consider to be the applicant's relative weakness or area that leaves room for improvement as a potential participant in this summer program?
- 4. What do you consider to be the applicant's relative strength as a potential participant in this program?

5. Summary of Evaluation

- _____I do not recommend this applicant for admission.
- _____I think that the applicant's qualifications are marginal, but if admitted, the applicant would greatly benefit from participating in the program.
- _____I do recommend this applicant for admission and without reservation.

Name	Title			
School Name				
Phone Number	Email address			
Signed:	Date: //			
(Signature of teacher)	(month) (day) (year)			

Note: Please feel free to attach a letter with this form to provide additional information about the applicant.

You have 2 options for sending the completed form back to us:

1. Place completed form, including any attachment(s), in a sealed envelope and sign across the seal. Mail it directly to the address below. POSTMARK DEADLINE is Month/Day/Year

Ryne Paulose NCHS/CDC Hyattsville, MD 20782

2. PDF the completed form, including any attachment(s), and email it directly from your school email account to datadetectives@cdc.gov. EMAIL RECIEPT DEADLINE is Month/Day/Year