



**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](mailto:datadetectives@cdc.gov). EMAIL RECIEPT DEADLINE is Month/Day/Year