

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