**National Center for Health Statistics**

 **Data Detectives Summer Camp**

**Teacher Recommendation Form**

**From the Office of Management and Budget (OMB No. 0920-1185 Exp. Date 07/31/2023):**

**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 (0920-1185).

**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)).

**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.

**“I hereby waive any rights I may have to examine this confidential information”**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

 **(Signature of camp applicant) (Month) (Day) (Year)**

**Recommender**

**This section is to be completed by the student’s math teacher:**

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.

After completing the form, place it in an envelope, seal it, and write your name across the sealed flap. **Please send the sealed envelope by postal mail no later than.** We are unable to accept any forms sent via email this year.

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

1. **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

* 1. Academic achievement \_\_\_\_
	2. Interest in math \_\_\_\_
	3. Level of maturity \_\_\_\_
	4. Willingness to accept direction or supervision \_\_\_\_
	5. Sensitivity to needs and feelings of others \_\_\_\_
	6. Ability to get along with others \_\_\_\_
	7. Commitment to his or her education \_\_\_\_
	8. Behavior on a typical day \_\_\_\_
1. **What do you consider to be the applicant’s relative weakness or area that needs improvement as a potential participant in this summer program?**
2. **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)

Feel free to attach a letter with this form to provide additional information about the applicant.

**Place completed form, including any attachment(s), in a sealed envelope and sign across the seal. Send via postal mail to the address below. POSTMARK DEADLINE is TBD.**

Ryne Paulose

Workstation #3278

NCHS/CDC

3311 Toledo Rd

Hyattsville, MD 20782

If you have any questions, please contact us at **datadetectives@cdc.gov**.