**National Center for Health Statistics**

**From the Office of Management and Budget (OMB No. 0920-1185, Expiration Date: 03/31/2026):**

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**Data Detectives Summer Camp**

**Teacher Recommendation Form**

**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.

**Send completed form, including any attachment(s), via your school email address from the school you teach. Forms submitted via personal email accounts will not be accepted.**

If you would prefer to send it via postal mail, please contact us at **datadetectives@cdc.gov**.