

National Center for Health Statistics

Data Detectives Summer Camp 2016

OMB No. 0920-0729 Exp. Date 05/31/2017

Teacher Recommendation Form

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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)

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 6th through 8th. Recommendations may not be submitted by family members or relatives. When you finish, put this form into an envelope, seal it, and write your name across the sealed flap. Please mail the sealed envelope no later than May 1, 2016. You may also email the form using your official school email account to datadetectives@cdc.gov

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.

Email completed recommendation using your official school email account to [data detectives@cdc.gov](mailto:datadetectives@cdc.gov). You may also place the completed recommendation form in a sealed envelope, sign across the seal, and mail it directly to:

Ryne Paulose
NCHS/CDC
3311 Toledo Rd
Hyattsville, MD 20782

EMAIL RECEIPT OR POSTMARK DEADLINE: May 1, 2016

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