

**National Center for Health Statistics****Data Detectives Summer Camp****Teacher Recommendation Form**

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

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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.

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

**Signed:** \_\_\_\_\_

(Signature of camp applicant)

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

(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?**

**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 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 needs 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)

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, place the completed form, including any attachment(s), in a sealed envelope and sign across the seal. Send to the address below.

**POSTMARK DEADLINE is TBD.**

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

If you have any questions, please contact us at **[datadetectives@cdc.gov](mailto:datadetectives@cdc.gov)**.