**National Center for Health Statistics** 

#### **Data Detectives Summer Camp 2019**



## **Camp Application Form**

From the Office of Management and Budget (OMB No. 0920-1185 Exp. Date 05-31-2020):

**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).

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| Camper Information    |                       |                       |                          |  |  |
|-----------------------|-----------------------|-----------------------|--------------------------|--|--|
|                       |                       |                       |                          |  |  |
| Applicant's last name | Applicant's first r   | name Ap               | plicant's middle initial |  |  |
| Gender:               | Male                  | Female                |                          |  |  |
| Current grade level:  | 5 <sup>th</sup> grade | 6 <sup>th</sup> grade |                          |  |  |
| School Name:          |                       |                       |                          |  |  |
| T-shirt size:         |                       |                       |                          |  |  |
| Youth small           | Youth medium          | Youth larg            | e Youth X-large          |  |  |
| Adult small           | Adult medium          | Adult large           | e Adult X-large          |  |  |

# **Camper Information**

#### This section is to be completed by the camp applicant and not the parent or guardian.

Please rate your knowledge or understanding of the concepts below:

|  | Know It<br>Well | Have Heard<br>or Seen It | No<br>Clue |
|--|-----------------|--------------------------|------------|
|  |                 |                          |            |
| Types of statistical data (e.g., numerical, categorical, ordinal)            |                 |                          |            |
| Computing summary statistics (e.g., mean, median, mode)                      |                 |                          |            |
| Computing percentiles (e.g. lower quartile, upper quartile, 25th percentile) |                 |                          |            |
| Graphically presenting data  |                 |                          |            |
| Creating and interpreting box and whisker plots                              |                 |                          |            |
| Creating and interpreting histograms   |                 |                          |            |
| Scatter plots  |                 |                          |            |
| Bivariate associations   |                 |                          |            |
| Interpreting two-way tables  |                 |                          |            |
| Probability  |                 |                          |            |
| Sampling variability   |                 |                          |            |
| Drawing inferences about a population  |                 |                          |            |
| Comparing populations  |                 |                          |            |

In a short paragraph, of 4 to 6 sentences (no more than 1000 characters), please tell us what is your favorite math concept, equation, or number? Why?

### Parent or Guardian Information

#### This section is to be completed by the parent or guardian of camp applicant.

| Last name                          | First name  | Middle initial                              |
|------------------------------------|---|---|
| Mobile phone number:               |   |   |
| Daytime phone number:              |   |   |
| Email address*:                    |   |   |
| •                                  | mail address that you chec<br>ements regarding your app | k frequently. We will be sending plication. |
| How did you find out about t       | his camp?   |   |
| School counselor                   | Science or math Teacl                                   | her Internet Summer fair                    |
| Other, please spe                  | cify  |   |
| What is your child's current s     |   |   |
|                                    |   |   |
|                                    |   |   |
| What would you like your chi camp? | ild to gain from this camp?                             | What are your expectations of this          |
|                                    |   |   |
|                                    |   |   |
|                                    |   |   |

\_\_\_\_\_I acknowledge that I am the parent/guardian and I confirm that the information included is accurate to the best of my knowledge.