

**STUDENT SKILL PACKET REQUEST FORM  
DISTRICT PARENT CENTER  
SHERRY BRECKENRIDGE, DISTRICT PARENT COORDINATOR  
(870) 587-0350**

Please check the appropriate space and fill in needed information.

**Parent Request**

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Teacher Request**

**Name** \_\_\_\_\_

**Room #** \_\_\_\_\_

**Math Packet**

**Literacy Packet**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student's Teacher** \_\_\_\_\_

**Specific skills/topics needing to be targeted for improvement:** (List only a few at a time. Parents if you do not know specific skills, leave blank as I will collaborate with the teacher and coaches on areas of weakness also.)

---

---

---

---

---

---

---

---

---

**Parents, please return the form to school with your child. His/her teacher will place the request for a skill packet in Ms. Breckenridge's mailbox.**

**You will be contacted when the packet is ready to be delivered. It will be sent home via the student's backpack after parent is notified.**

**Thank you,**

**Sherry Breckenridge**