

PARENT & FAMILY ENGAGEMENT

1224 Eminence Row | Jackson, MS 39213 (601) 960-8945

STUDENT PRESCRIPTION SHEET

DATE:	
PARENT:	PHONE:
ADDRESS:	
STUDENT:	GRADE:
TEACHER:	SCHOOL:
	Concerned about your child? Let us help you.
ACADEMIC SERVICES NEEDED:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
NOTE: This form is to be completed by the classroom teacher and/or assistant. It should be taken to the	

Parent and Family Engagement Center by the parent.