**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Grade: /10**

**Day of your next lesson**: M T W Th F

**Period of your next lesson**: 1 2 3 4 5 6 7 8 9

**Days & Number of Minutes Practiced**

(Goal of 100 minutes per week)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* | *Total # of Minutes Practiced* |
| **# of Minutes Practiced** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Warm-Up | Scales | Lesson Book | Band Music | Other |
| **Day 1** |  |  |  |  |  |
| **Day 2** |  |  |  |  |  |
| **Day 3** |  |  |  |  |  |
| **Day 4** |  |  |  |  |  |
| **Day 5** |  |  |  |  |  |

**What Did You Practice?**

***On a scale from 1-10 how much did you improve this week?***

1 2 3 4 5 6 7 8 9 10

***On a scale from 1-10 how much effort did you put in this week?***

1 2 3 4 5 6 7 8 9 10

**Parent/Guardian Signature**

|  |  |
| --- | --- |
| ***Parent/Guardian Signature*** |  |