

PRACTICE CHART

NAME: _____

START DATE: _____

CLASS PERIOD: _____

DUE DATE: _____

Total Time: 1hrs 30min = Full Credit

NOTE: Only time spent playing your instrument at home can count as practice time!

Week Of _____

MONDAY	Tuesday	Wednesday	Thursday	Friday	Weekend
Minutes:	Minutes:	Minutes:	Minutes:	Minutes:	Minutes:

PARENT SIGNATURE: _____

DATE: _____

Practice Chart - Detailed Record

NAME: _____

START DATE: _____

CLASS PERIOD: _____

DUE DATE: _____

For 100% Credit, Please Detail Your Practice Time for 4 times

Week One Starting Date: _____

#	Material/Music - What did you practice?	Improved?
1		Y / N
2		Y / N
3		Y / N
4		Y / N

DETAIL YOUR PRACTICE MINUTES ON THE FRONT — (GET IT SIGNED!!)