Name Grade Instrument Date

\*For each day missed, one practice record must be completed.

\*A total of 45 minutes of PRACTICE TIME (actual playing time! that does not include filling out form) should be completed for each record.

\*A parent signature must be present on each form. Credit will not be given without the signature present.

What are the goals for your practice time?

1.

2.

3.

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| --- | --- | --- | --- | --- |
| What did you work on? Lip slurs, scales, book exercise, sheet music | Specific Measures worked on. | What elements of music did you concentrate on? (Rhythm, notes, dynamics, articulation, phrasing, etc.)? | Number of minutes | Did you accomplish your goals? |
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Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_