

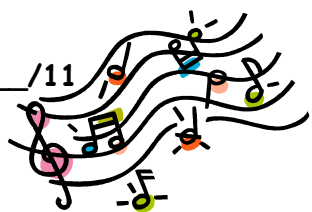
Class _____

Name _____

Practice Sheet # _____

Week of Thursday _____ / _____ /11 to Wednesday _____ / _____ /11

Practice Times



| | |
|--------------|--------------|
| Thurs. _____ | Mon. _____ |
| Fri. _____ | Tues. _____ |
| Sat. _____ | Wed. _____ |
| Sun. _____ | Thurs. _____ |

Total Minutes Practiced

Guidelines for Practice: No more than 20 minutes at a time
 Check off items practiced each time done.
 Parents look over assignment before signing sheet.
 Worksheets count as practice time.
 60 MINUTES MINIMUM is due on Thursdays



Parent and/or Teacher Signature: _____

ASSIGNMENT

Check off

1. _____
2. _____
3. _____
4. **Orchestra Music:** _____
5. **Written Work:** _____

Feedback about work: What you learned / What work was difficult
 Materials with which you need help / Topics of interest

Effort rating (student's assessment): 1 2 3 4 (4=excellent)



Grade on last written assignment _____

OVER DUE WORK!!! _____