

Practice Record

Name:	Period:	Month:	Total days/month
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Please record the number of minutes you practice each day. (It is a good idea to set a certain time aside each day for your practice time.)

Week	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Total Minutes	Total Hours	Parent Signature

4 hours/week = A	3 hours/week = B	2 hours/week = C	1 hour/week = D	0 hours/week = F
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- *Make practicing part of your daily schedule. Plan it!*
- *Practice in the same place every day.*
- *Choose a place where you can concentrate on making music.*
- *Start your practice with a warm-up routine. Include long notes and technical exercises.*
- *Set goals for your practice sessions.*
- *Record your practice time above.*
- *Have your parents initial after each week is recorded.*
- *Work on the hard spots in your assignments and music.*

