

Northern Granville Weekly Practice Record

Name _____

Start Date _____

Instrument _____

End Date _____

Day	Total Time	Focus*
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*What was the focus of each practice session? fundamental skills, scales/rudiments, band music, solo/etude music, etc.
Indicate all that apply.

I am still confused by or need help with:

I affirm that the amount of time recorded on this sheet is a true indication of the time my child spent practicing their primary band instrument at home during the current week.

Parent Signature _____

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