Name:_____

DAILY PRACTICE RECORD

Students should plan to practice at least 5 days a week to make progress.
Suggested practice times are:
1st year students…75 minutes/week. (15 minutes on 5 days.)
2nd year students…100 minutes/week. (20 minutes on 5 days.)

PARENTS: Please verify with your signature that you have heard your child practice the stated times.
Students will earn a stamp from me for each week they complete their minutes and get parent initial.
5 stamps = prize.

Lesson Date	**First Practice**	**Second Practice**	**Third Practice**	**Fourth Practice**	**Fifth Practice**	**Extra Practice**	*Total Minutes*	*Parent Initial*	*Stamp for Credit*
	(# of minutes)								

WRITE YOUR ASSIGNMENT FOR EACH LESSON IN THE BOX.

Assignment: Next Lesson Date:	Assignment: Next Lesson Date:
Assignment: Next Lesson Date:	Assignment: Next Lesson Date:
Assignment: Next Lesson Date:	Assignment: Next Lesson Date:
Assignment: Next Lesson Date:	Assignment: Next Lesson Date:
Assignment: Next Lesson Date:	Assignment: Next Lesson Date: