

# Practice Chart

Student Name:

Period:

**Students:** Fill out the amount of time practiced each day and total at the end of the week. *Strive for at least 15/day.*

**Parents:** Please sign at the end of each week verifying the practice schedule.

**October 2010**

<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>	<i>Total Time</i>	<i>Parent Signature</i>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>1</b>	<b>2</b>	<b>3</b>	Hrs: Mins:	
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	Hrs: Mins:	
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	Hrs: Mins:	
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	Hrs: Mins:	
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	Hrs: Mins:	