

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.

May 2011

<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>
2	3	4	5	6	7	8	Hrs: Mins:	
9	10	11	12	13	14	15	Hrs: Mins:	
16	17	18	19	20	21	22	Hrs: Mins:	
23	24	25	26	27	28	29	Hrs: Mins:	
30	31	1	2	3	4	5	Hrs: Mins:	