

**Weekly Practice Schedule**

Name \_\_\_\_\_

Week \_\_\_\_\_

This Week's Assignment:

This Week's Practice Goal(s):    RHYTHM        ARTICULATION        TUNING        FINGERINGS    TEMPO  
    DYNAMICS    BREATHING                TONE                PHRASING                OTHER\_\_\_\_\_

|                                    | Monday    | Tuesday   | Wednesday | Thursday  | Friday    | Saturday  | Sunday    |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Number on minutes practiced</b> |           |           |           |           |           |           |           |
| <b>Improvement Noticed?</b>        | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO |

Parent Initials \_\_\_\_\_

**Weekly Practice Schedule**

Name \_\_\_\_\_

Week \_\_\_\_\_

This Week's Assignment:

This Week's Practice Goal(s):    RHYTHM        ARTICULATION        TUNING        FINGERINGS    TEMPO  
    DYNAMICS    BREATHING                TONE                PHRASING                OTHER\_\_\_\_\_

|                                    | Monday    | Tuesday   | Wednesday | Thursday  | Friday    | Saturday  | Sunday    |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Number of minutes practiced</b> |           |           |           |           |           |           |           |
| <b>Improvement Noticed?</b>        | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO | YES<br>NO |

Parent Initials \_\_\_\_\_