## **PRACTICE LOG**

**Student**: Follow the model of your lesson when you practice at home and check off the days you have done this. The expectation is that you will practice **FIVE** days per week.

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Date of Lesson	Su	М	Т	W	Th	F	Sa	Total Days	Parent Initials*	Scales/Exercises/Repertoire/ FOCUS AREA
*With your initials, the Parent/Guardian confirms that student has indeed practiced for the days that are checked, and that the "total days" column is correct.										
SHORT TERM GOALS:										
LONG TERM GOALS:										