



Name: _____ Class: _____



Practice Record 23-24

SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL	DATE	SIGNITURE	GRADE
								10/20		
								10/27		
								11/3		
								11/10		
								11/17		
								12/1		
								12/8		
								12/15		

BEGINNERS		PHILHARMONIC		SYMPHONY		ADV. SYMPHONY	
1.5 HOURS	110	3+ HOURS	110	5+ HOURS	110	6+ HOURS	110
1 HOUR	100	2.5 HOURS	100	4 HOURS	100	5 HOURS	100
30 MINUTES	90	2 HOURS	90	3 HOURS	90	4 HOURS	90
20 MINUTES	80	1.5 HOURS	80	2 HOURS	80	2.5 HOURS	80
10 MINUTES	70	1 HOUR	70	1 HOUR	70	1.5 HOURS	70
< 10 MINUTES	50	< 1 HOUR	50	< 1 HOUR	50	< 1.5 HOUR	50
0 MINUTES	0	0 MINUTES	0	0 MINUTES	0	0 MINUTES	0

DATE: _____

WHAT SKILL(S) HAVE I IMPROVED ON THESE LAST THREE WEEKS?

AM I HAPPY WITH THE AMOUNT OF PRACTICE I DID THESE LAST THREE WEEKS? WHY OR WHY NOT?

WHAT SKILL(S) DO I WANT TO IMPROVE ON OVER THE NEXT THREE WEEKS? FOR WHAT REASON?

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