No. Date

Special Message:

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|  |

Be sure to record your practice time below for each day you practice!

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL |
| Time |  |  |  |  |  |  |  |  |

Technique:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  | | | | | |
| Sight Reading & Rhythm | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| Put a check under each day of unit completed. |  |  |  |  |  |

Other:

Reading Log:

|  |  |  |
| --- | --- | --- |
| Page | Goal: Performance Ready. Check “Good” when polished. | Good |
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Repertoire:

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