

Name _____ Band Class _____

Practice Card #1 Instrument: _____

Date and Day of the Week	Nightly Practice Minutes
10/3/16 Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
10/9/16 Sunday	
WEEKLY PRACTICE TOTAL	

Date and Day of the Week	Nightly Practice Minutes
10/10/16 Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
10/16/16 Sunday	
WEEKLY PRACTICE TOTAL	

I validate that the practice time recorded is correct.

Parent Signature: _____

Grading Scale for TOTAL MINUTES PER WEEK-Goal is 15 minutes for 5 out of 7 days per week.

A=70-75 minutes B=60-69 minutes C=50-59 minutes D=40-49 minutes F=39 minutes and under

This practice card is due October 17th.