

DAILY PRACTICE CHART

WEEK # _____ Date: _____

Name: _____ Teacher: _____

PRACTICE GOAL: _____ Minutes

	This Week's Assignment		
Technique		Daily Time	
Lesson Book		Daily Time	
Performance Piece		Daily Time	
Written Work		Daily Time	
		Daily Time	
		Daily Time	
		Daily Time	
		Total Time	

Record Time Practiced Daily

Sunday	Time	
Monday	Time	
Tuesday	Time	
Wednesday	Time	
Thursday	Time	
Friday	Time	
Saturday	Time	

TOTAL DAYS _____ TIME TOTAL _____ PRACTICE GOAL REACHED Yes No

Parent Signature: _____

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