

WEEKLY PRACTICE PLAN

Date: _____

Name: _____ Teacher: _____

PRACTICE GOAL: _____ Minutes

Decide on specific times that you will practice each day on a weekly basis. Try to schedule practice at the same time each day. It is often best to schedule it just before or after something that happens daily. You may use specific times, e.g. 6-6:30 p.m. or a description, e.g. "Right after Dinner".

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

TOTAL DAYS _____ TIME TOTAL _____

Student Signature: _____

Parent Signature (if applicable): _____

Teacher's Signature: _____

If you need to adjust your plan, ask your teacher for a new blank practice plan to complete.