

Name (First/Last) _____ Instrument _____ Period _____

“Don’t practice until you get it right. Practice until you can’t get it wrong” Month _____

Dates	What I Practiced (Detailed/Specific)	Monday	Tuesday	Weds.	Thursday	Friday	Saturday	Sunday	*TOTAL*

PARENTS: Please sign to verify your child's practice log. No credit without parent signature. Due every first Monday of the month (1 day late -10 points)

REQUIRED: PARENT SIGNATURE _____ DATE _____