Practice Journal

NAIVIE.	
MONTH:	

	WOTTH:
ГОТAL MINUTES:	
	01.07.11111055
	SLOT NUMBER:

*Remember to complete both sides of the paper. It must be signed by a parent/guardian to count for marks.

*It is due the 1st week of the following month.

Practice Strategies: You must use a minimum of 8 different strategies

			during the month							9.00						
It	t is recommended	e?												πе	Only)	
Dates you practiced:	hat students oractice 10 - 15 ninutes per day. Recommended Practice Time: 240 ninutes per month. 180 minutes in Gept. Dec. March)	How long did you practice?	Fingers Only	Write in the Counting	Fingering Chart	Clap the Rhythm	Repetition	Sing Your Part	Listen to a Recording/Practice with the CD	Bar by Bar	Note by Note	Practicing Slowly	Used a Tuner	Practiced with a Metronome	Buzz it on your Mouthpiece (Brass Only	Read the note names
1		min.														
2		min.														
3		min.														
4		min.														
5		min.														
6		min.														
7		min.														
8		min.														
9		min.														
10		min.														
11		min.														
12		min.														
13		min.														
14		min.														
15		min.														
16		min.														
17		min.														
18		min.														
19		min.														
20		min. min.														
22		min.														
23		min.														
24		min.														
25		min.														
26		min.														
27		min.														
28		min.														
29		min.														
30		min.														
31		min.														

At the end of this month, perform 5 songs you have practiced for your parent(s)/guardian(s). After your performance, make sure you and your parent/guardian answers the questions below. Sometimes your teacher may assign songs for you to perform.

	Date of performance:
	Songs you performed:
1	
2	
3	
4	
5	
	dent - How did you feel about your performance? What was one thing you did well? What was one thing
you	need to improve?
Stud	lent - What practice strategies worked best for you?
Pare	ents - Please comment on your child's performance including one thing your student did well and one
thing	g they need to improve on. Please sign your name in this box indicating that the practice and
perfo	ormance has been completed.
Stuc	lent - What improvements have you noticed this month?
Stud	lent - What are some things you would like to improve on next month?