

Student name _____

parent signature _____

Week beginning _____

total minutes _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

1. Please fill in the minutes per day and weekly total.
2. Practice charts are due on the first class of the week.
3. Practice charts must be **signed by parent** and totaled to be accepted.

Grading - 100min = 100%, 90min =90%, 80min=80%.....etc

Specific practice on _____