

NAME_____

Group_____

WEEKLY PRACTICE LOGNext Lesson: _____ / _____
(date) (period)

Next Lesson Assignment: _____

My Individual Lesson Goal: _____

4 DAYS & 100 MINUTES MINIMUM

DAY	DATE	FROM	TO	TOTAL MIN	FROM	TO	TOTAL MIN	TOTAL MINUTES
Sun								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
							Grand Total Minutes	

Parent Verification Signature: _____