

Ms. Buresch  
My Practice Record

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Period: \_\_\_\_\_

**You are a super star! Fill in a star for each day of practice you complete this week, you earned it!**



**Parent / Guardian Signature:** \_\_\_\_\_

Remember that practice charts submitted without a parent / guardian signature will only receive 1/2 credit.

**Break down your practice sessions: how much time was spent doing each activity?**

	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Warm Up/ Technique							
Scales							
Concert Music							
Solo							
Theory							

**Practice means progress, what are you going to focus on next week?**

---

**Do you have any comments?**

---

Practice chart must be submitted on time and be fully complete to receive full credit.