

Practice Chart

Name: _____ Date: _____

Instrument: _____

Grade: 6th 7th 8th

Parent Signature: _____

Practice Chart without parent signature is worth 1/2 credit!

Circle the time practiced for the grade below

MINUTES	GRADE %
30	100%
20	90%
10	80%
5	70%
<5	60%

Fri.	Sat.	Sun.	Mon.	Tue.	Wed.	Thur.	Total For the Week

PRACTICE CHARTS MUST BE TURNED IN ON TIME FOR FULL CREDIT!

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