

BAND PRACTICE RECORD

STUDENT NAME: _____

WEEKLY MUSIC GOAL: _____

Day	Date	Minutes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
TOTAL		

Reflect on your practice time this week and check appropriate boxes below.

My TONE was ... (Percussion: My TECHNIQUE was ...)	<i>IMPROVED</i>	<i>REMAINED SAME</i>
	<input type="checkbox"/>	<input type="checkbox"/>
My POSTURE/PLAYING POSITION was...	<input type="checkbox"/>	<input type="checkbox"/>
My ability to play correct:		
NOTES, FINGERINGS or RUDIMENTS...	<input type="checkbox"/>	<input type="checkbox"/>
RHYTHMS...	<input type="checkbox"/>	<input type="checkbox"/>
DYNAMIC contrast...	<input type="checkbox"/>	<input type="checkbox"/>
ARTICULATION...	<input type="checkbox"/>	<input type="checkbox"/>
BREATHING, PHRASING or STICKINGS...	<input type="checkbox"/>	<input type="checkbox"/>

The piece I showed the most improvement on... _____

During the next week, I need to review or work on... _____

PARENT SIGNATURE: _____

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