

HMS Orchestra Weekly Assignment and Practice Record

Student: _____

Week of: _____

Assignment Goals:

Warm Ups:			Notes:
Scales:			Notes:
Lesson Book:			Notes:
Orch. Music:			Notes:
Solo:			Notes:
Other:			Notes:

Notes or Special Instructions:

Practice Record	_____ / 20	Practiced at least /20 minutes over the course of at least 4 days.
Lesson Book Assignment	_____ / 20	Showed progress toward understanding of the assigned lines through performance.
Lesson Attendance	_____ / 10	Attended and participated in the scheduled lesson.
Other /Extra	_____ /	Smartmusic, Rhythm Exercises, Fun Songs, etc.
Total	_____ /	

Practice Record

Practice Goals: Monday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Tuesday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Wednesday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Thursday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Friday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Saturday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orchestra Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Practice Goals: Sunday	Place a check in the box each time you practice one of the assigned lines or exercises during your practice session..	Total Time
Warm Ups and Scales	<input type="checkbox"/>	
Lesson Book Assignment	<input type="checkbox"/>	
<u>Orch. Music</u>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Parent Signature _____

Total Min. _____