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STUDENT NAME: _____

TC Percussion Practice Record

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Date							
A s s i g n m e n t							
Minutes							TOTAL

PARENT SIGNATURE: _____

Please log number of minutes practiced each day and total each week.
 All numbers, including total, should be in minutes (example: 232 minutes)
 Once totaled, please have parent sign in order to receive full credit.

210 Minutes = 10
180-209 = A
150-179 = B
130-149 = C
110-129 = D
0-109 = F

ANNOUNCEMENTS / IMPORTANT DATES

don't lose your practice record

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