* Required

Practice Chart Paper Copy

Students are to complete the online practice chart by Wednesday 3pm of every week. If you are unable to complete the online Practice Chart, then you must print it off and write in your responses. Please make sure Parents have verified the information you are submitting, BEFORE you submit.

1. Student First Name *

2. Student Last Name *

3. Grade Level *

Mark only one oval.

7th Grade

8th Grade

| | 4. Instrument * | | |
|---|--|--|--|
| | Mark only one oval. | | |
| | Flute | | |
| | Oboe | | |
| | Clarinet | | |
| | Bass Clarinet | | |
| | Alto Saxophone | | |
| | Tenor Saxophone | | |
| | Bari Saxophone | | |
| | Trumpet | | |
| | French Horn | | |
| | Trombone | | |
| | Euphonium | | |
| | Tuba | | |
| | Percussion | | |
| 5. Which days did you practice this week? * Check all that apply. | | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |
| | Sunday | | |
| | Monday | | |
| | Tuesday | | |
| | How many minutes TOTAL did you practice this week? * | | |

| 7. What Practice Strategies did you use this week? Check all that apply. |
|---|
| 5 Times Beats the Grind |
| Pencil Power |
| Think It. See It. Do It. |
| Chunk It. |
| Sing + Finger |
| Listen to recording / finger along |
| Subdivide outloud |
| STARS |
| Highlight Strategies |
| Use Metronome |
| Hiss & Finger |
| Buzz on mouthpiece |
| Long Tones |
| Scales |
| Chromatic Sclaes |
| Lip Slurs |
| Other: |
| 8. What was your Mastery Objective for the week? * Begin with "I will be able to" |
| |

| 9. | How did you accomplish your Mastery Objective? * Describe in 2-3 sentences. |
|-----|--|
| | |
| 10. | What is one area of your playing you will concentrate on next week? * Describe in 2-3 sentences. |
| | |
| 11. | Why were you unable to turn in the Practice Chart online? * |
| 12. | Parents: By clicking below, you verify that the above information is truthful and accurate. You have also read through their written responses and have a better understanding of their musical strengths and areas of improvement. * Check all that apply. |
| | Parent Verification |
| 13. | Parent First & Last Name * Parent who verified the above statement. |

| 14. Students: By clicking I | . Students: By clicking below, you confirm that the above information is truthful and accurate. * | |
|-----------------------------|---|--|
| Check all that apply. | | |
| Student Confirmati | on | |

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