Name:

Date:

Practice Sheet

 This practice sheet will reflect a portion of the student’s final grade. The total number of minutes practiced will be divided by 40min. to calculate a percentage for this portion (up to 100%).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | **Total out of 40min.** |
| Minutes practiced |  |  |  |  |  |  |  |  |

 As this student’s parent/guardian, I declare the information presented on this form to be accurate to the best of my knowledge.

 (signature) (date)

Name:

Date:

Practice Sheet

 This practice sheet will reflect a portion of the student’s final grade. The total number of minutes practiced will be divided by 40min. to calculate a percentage for this portion (up to 100%).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | **Total out of 40min.** |
| Minutes practiced |  |  |  |  |  |  |  |  |

 As this student’s parent/guardian, I declare the information presented on this form to be accurate to the best of my knowledge.

 (signature) (date)