



Name \_\_\_\_\_

# Percussion Assignment/Practice Sheet

X = didn't practice S = Sick

Your grade is a reflection of what you have accomplished over each week. It is NOT based on your practice time, but on how well you have prepared the assignment.

THURSDAY Lessons

Mr. Baldwin Mrs. Dodge Ms. Muhl Mrs. Possemato Ms. Remming

| Lesson Day | 2 | 3 | 4 | 5 | 6 | Night before Lesson | Parent Signature |
|------------|---|---|---|---|---|---------------------|------------------|
| FEB 2      |   |   |   |   |   |                     |                  |

| ASSIGNMENT for next week's lesson<br><i>Student fills out</i> | Areas that need improvement this week...<br><i>Reasons for your Grade- Teacher fills out</i>  | Grade<br><i>(1-10)</i> |
|---|---|------------------------|
|   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Evenness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                        |

| Lesson Day | 2 | 3 | 4 | 5 | 6 | Night before Lesson | Parent Signature |
|------------|---|---|---|---|---|---------------------|------------------|
| FEB 9      |   |   |   |   |   |                     |                  |

| ASSIGNMENT for next week's lesson<br><i>Student fills out</i> | Areas that need improvement this week...<br><i>Reasons for your Grade- Teacher fills out</i>  | Grade<br><i>(1-10)</i> |
|---|---|------------------------|
|   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Evenness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                        |

| Lesson Day | 2 | 3 | 4 | 5 | 6 | Night before Lesson | Parent Signature |
|------------|---|---|---|---|---|---------------------|------------------|
| FEB 16     |   |   |   |   |   |                     |                  |

| ASSIGNMENT for next week's lesson<br><i>Student fills out</i> | Areas that need improvement this week...<br><i>Reasons for your Grade- Teacher fills out</i>  | Grade<br><i>(1-10)</i> |
|---|---|------------------------|
|   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Evenness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                        |

| Lesson Day | 2 | 3 | 4 | 5 | 6 | Night before Lesson | Parent Signature |
|------------|---|---|---|---|---|---------------------|------------------|
| FEB 23     |   |   |   |   |   |                     |                  |

| ASSIGNMENT for next week's lesson<br><i>Student fills out</i> | Areas that need improvement this week...<br><i>Reasons for your Grade- Teacher fills out</i>  | Grade<br><i>(1-10)</i> |
|---|---|------------------------|
|   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Evenness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                        |

| Lesson Day | 2 | 3 | 4 | 5 | 6 | Night before Lesson | Parent Signature |
|------------|---|---|---|---|---|---------------------|------------------|
| MAR 1      |   |   |   |   |   |                     |                  |

| ASSIGNMENT for next week's lesson<br><i>Student fills out</i> | Areas that need improvement this week...<br><i>Reasons for your Grade- Teacher fills out</i>  | Grade<br><i>(1-10)</i> |
|---|---|------------------------|
|   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Evenness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                        |

| Lesson Day   | 2 | 3 | 4 | 5 | 6 | Night before Lesson  | Parent Signature |                        |
|--|---|---|---|---|---|--|------------------|------------------------|
| MAR 8  |   |   |   |   |   |  |                  |                        |
| <b>ASSIGNMENT for next week's lesson</b><br><i>Student fills out</i> |   |   |   |   |   | <b>Areas that need improvement this week...</b><br><i>Reasons for your Grade- Teacher fills out</i>  |                  | <b>Grade</b><br>(1-10) |
|  |   |   |   |   |   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Eveness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                  |                        |

| Lesson Day   | 2 | 3 | 4 | 5 | 6 | Night before Lesson  | Parent Signature |                        |
|--|---|---|---|---|---|--|------------------|------------------------|
| MAR 15   |   |   |   |   |   |  |                  |                        |
| <b>ASSIGNMENT for next week's lesson</b><br><i>Student fills out</i> |   |   |   |   |   | <b>Areas that need improvement this week...</b><br><i>Reasons for your Grade- Teacher fills out</i>  |                  | <b>Grade</b><br>(1-10) |
|  |   |   |   |   |   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Eveness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                  |                        |

| Lesson Day   | 2 | 3 | 4 | 5 | 6 | Night before Lesson  | Parent Signature |                        |
|--|---|---|---|---|---|--|------------------|------------------------|
| MAR 22   |   |   |   |   |   |  |                  |                        |
| <b>ASSIGNMENT for next week's lesson</b><br><i>Student fills out</i> |   |   |   |   |   | <b>Areas that need improvement this week...</b><br><i>Reasons for your Grade- Teacher fills out</i>  |                  | <b>Grade</b><br>(1-10) |
|  |   |   |   |   |   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Eveness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                  |                        |

| Lesson Day   | 2 | 3 | 4 | 5 | 6 | Night before Lesson  | Parent Signature |                        |
|--|---|---|---|---|---|--|------------------|------------------------|
| MAR 29   |   |   |   |   |   |  |                  |                        |
| <b>ASSIGNMENT for next week's lesson</b><br><i>Student fills out</i> |   |   |   |   |   | <b>Areas that need improvement this week...</b><br><i>Reasons for your Grade- Teacher fills out</i>  |                  | <b>Grade</b><br>(1-10) |
|  |   |   |   |   |   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Eveness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                  |                        |

| Lesson Day   | 2 | 3 | 4 | 5 | 6 | Night before Lesson  | Parent Signature |                        |
|--|---|---|---|---|---|--|------------------|------------------------|
| APR 5  |   |   |   |   |   |  |                  |                        |
| <b>ASSIGNMENT for next week's lesson</b><br><i>Student fills out</i> |   |   |   |   |   | <b>Areas that need improvement this week...</b><br><i>Reasons for your Grade- Teacher fills out</i>  |                  | <b>Grade</b><br>(1-10) |
|  |   |   |   |   |   | <input type="checkbox"/> Hand Position <input type="checkbox"/> Stick Control <input type="checkbox"/> Rhythm<br><input type="checkbox"/> Eveness of Rolls <input type="checkbox"/> Dynamics <input type="checkbox"/> Pulse/Tempo<br><input type="checkbox"/> Sticking <input type="checkbox"/> Accents <input type="checkbox"/> _____ |                  |                        |

End of Marking Period Comments