



Name _____

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.

TUESDAY Lessons

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

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature
JAN 31							

ASSIGNMENT for next week's lesson <i>Student fills out</i>	Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>	Grade (1-10)
	<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____	

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature
FEB 7							

ASSIGNMENT for next week's lesson <i>Student fills out</i>	Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>	Grade (1-10)
	<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____	

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature
FEB 14							

ASSIGNMENT for next week's lesson <i>Student fills out</i>	Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>	Grade (1-10)
	<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____	

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature
FEB 21							

ASSIGNMENT for next week's lesson <i>Student fills out</i>	Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>	Grade (1-10)
	<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____	

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature
FEB 28							

ASSIGNMENT for next week's lesson <i>Student fills out</i>	Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>	Grade (1-10)
	<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____	

Tues.

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
MAR 6								
ASSIGNMENT for next week's lesson <i>Student fills out</i>						Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>		Grade (1-10)
						<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____		

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
MAR 13								
ASSIGNMENT for next week's lesson <i>Student fills out</i>						Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>		Grade (1-10)
						<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____		

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
MAR 20								
ASSIGNMENT for next week's lesson <i>Student fills out</i>						Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>		Grade (1-10)
						<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____		

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
MAR 27								
ASSIGNMENT for next week's lesson <i>Student fills out</i>						Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>		Grade (1-10)
						<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____		

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
APR 3								
ASSIGNMENT for next week's lesson <i>Student fills out</i>						Areas that need improvement this week... <i>Reasons for your Grade- Teacher fills out</i>		Grade (1-10)
						<input type="checkbox"/> Posture/Hand Pos. <input type="checkbox"/> Tone Quality <input type="checkbox"/> Rhythm <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics <input type="checkbox"/> Scales <input type="checkbox"/> Note Accuracy <input type="checkbox"/> Phrasing <input type="checkbox"/> _____		

End of Marking Period Comments