



Name \_\_\_\_\_

# Assignment/Practice Sheet

X = didn't practice S = Sick

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

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.

WEDNESDAY Lessons

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
FEB 1								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 8								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 15								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 22								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 29								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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"/> _____		

Weds.

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
MAR 7								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 14								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 21								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 28								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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 4								
<b>ASSIGNMENT for next week's lesson</b> <i>Student fills out</i>						<b>Areas that need improvement this week...</b> <i>Reasons for your Grade- Teacher fills out</i>		<b>Grade</b> (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