



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.

Lesson Day	2	3	4	5	6	Night before Lesson	Parent Signature	
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"/> _____		

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