

Lesson Date: \_\_\_\_\_

Priority

| Assignment #1 |   |  |
|---------------|---|--|
| GOALS         | A |  |
|               | B |  |
|               | C |  |
|               | D |  |

| Assignment #2 |   |  |
|---------------|---|--|
| GOALS         | A |  |
|               | B |  |
|               | C |  |
|               | D |  |

| Assignment #3 |   |  |
|---------------|---|--|
| GOALS         | A |  |
|               | B |  |
|               | C |  |
|               | D |  |

| Assignment #4 |   |  |
|---------------|---|--|
| GOALS         | A |  |
|               | B |  |
|               | C |  |
|               | D |  |

| Assignment #5 |   |  |
|---------------|---|--|
| GOALS         | A |  |
|               | B |  |
|               | C |  |
|               | D |  |

|       | Goal Number   | Describe how you practiced | Accomplished? | Tomorrow? | Metronome? | # of Minutes |
|-------|---|----------------------------|---------------|-----------|------------|--------------|
| Day 1 |   |                            |               |           |            |              |
|       |   |                            |               |           |            |              |
|       |   |                            |               |           |            |              |
|       |   |                            |               |           |            |              |
|       | Technique <input type="checkbox"/> Theory <input type="checkbox"/> Ear Training <input type="checkbox"/> Sight Reading <input type="checkbox"/> Rhythm <input type="checkbox"/> |                            |               |           |            |              |

|       |   |  |  |  |  |  |
|-------|---|--|--|--|--|--|
| Day 2 |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       | Technique <input type="checkbox"/> Theory <input type="checkbox"/> Ear Training <input type="checkbox"/> Sight Reading <input type="checkbox"/> Rhythm <input type="checkbox"/> |  |  |  |  |  |

|       |   |  |  |  |  |  |
|-------|---|--|--|--|--|--|
| Day 3 |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       | Technique <input type="checkbox"/> Theory <input type="checkbox"/> Ear Training <input type="checkbox"/> Sight Reading <input type="checkbox"/> Rhythm <input type="checkbox"/> |  |  |  |  |  |

|       |   |  |  |  |  |  |
|-------|---|--|--|--|--|--|
| Day 4 |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       | Technique <input type="checkbox"/> Theory <input type="checkbox"/> Ear Training <input type="checkbox"/> Sight Reading <input type="checkbox"/> Rhythm <input type="checkbox"/> |  |  |  |  |  |

|       |   |  |  |  |  |  |
|-------|---|--|--|--|--|--|
| Day 5 |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       |   |  |  |  |  |  |
|       | Technique <input type="checkbox"/> Theory <input type="checkbox"/> Ear Training <input type="checkbox"/> Sight Reading <input type="checkbox"/> Rhythm <input type="checkbox"/> |  |  |  |  |  |

TOTAL MINUTES PRACTICED