

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

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