



**Student's Name**

\_\_\_\_\_

WEEK OF \_\_\_\_\_

Practice Goal/day \_\_\_\_\_mins

Practice Goal/week \_\_\_\_\_hrs

## GOAL GUIDE

---

---

---

---

---

---

---

---

Assignment	Lesson Date	2	3	4	5	6	7
Scales/Technique							
Etudes							
Pieces							
Daily Total							
Parent's DAILY Signature							

**STUDENTS!**

Fill this practice sheet out daily.

Get your mom or dad to sign it every day.

Bring it to your lesson next week.

Weekly TOTAL \_\_\_\_\_hrs

Student's Signature \_\_\_\_\_

*Let's watch you improve!*