

Student's Name _____

Week of _____ to _____

	Time Practiced	Practice Session Goal(s)	Goal(s) Accomplished
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Parent Signature _____

Total No. Minutes Practiced _____

Reflecting on your practice this past week, check one box to complete each sentence. Remember to get a parent comment at the bottom of your reflection!

WEEKLY PRACTICE REFLECTION

- | | O.K. | Good | Excellent |
|--|--------------------------|--------------------------|--------------------------|
| 1. At the <u>beginning</u> of the week my tone was ...
(Percussion: My technique was ...)
Stayed Improved Improved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Stayed
the same | Improved
a little | Improved
quite a bit |
| 2. At the <u>end</u> of the week my tone was ...
(Percussion: My technique was ...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | O.K. | Good | Excellent |
| 3. My level of concentration was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My posture and playing position were | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Stayed
the same | Improved
a little | Improved
quite a bit |
| 5. My ability to play notes and fingerings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My ability to count and play rhythms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My attention to dynamic contrast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My attention to articulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My attention to breath marks and phrasing ...
(Percussion: My attention to sticking...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My overall ability to play the music
I practiced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The piece, section or technique that improved the most this week was | | | |
| | | | |
| 12. Next time I practice, I need to review (or work more on) | | | |
| | | | |

Parents/Guardians: Please review your student's practice reflection. Better yet, ask to hear some of the music he or she has been practicing. Acknowledge his or her progress with a comment and your signature in the box below.