

GMS Instrumental Program

PRACTICE JOURNAL

WEEK #1

NAME: _____

INSTRUMENT: _____ GR: _____

*PARENT SIGNATURE: _____ *

Date 00/00	Day	Scales/Warm-ups <i>(please list)</i>	Time H:M	Book <i>(please list)</i>	Time H:M	Music <i>(please specify)</i>	Time H:M
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

Don't Forget Your Name

GMS Instrumental Program

PRACTICE JOURNAL

WEEK #2

Date 00/00	Day	Scales/Warm-ups <i>(please list)</i>	Time H:M	Book <i>(please list)</i>	Time H:M	Music <i>(please specify)</i>	Time H:M
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

The practice journal is a way that the student, parent, and I can track practice time and progress. Parents are asked to sign each sheet at the end of the two weeks to verify the times listed. Please work WITH your child so that practicing becomes a habit, not a punishment.