

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**Instructions:**

Write in the amount of time practiced each day. At the end of each week, total the amount of time practiced and write it in that box. If you do not practice on a particular day, draw an X through that day. At the end of the month, you need to have a parent sign below to verify the amount of time practiced.

Due Date:  
May 10, 2019

Grading Policy:  
3 hours or more per week = O  
2-3 hours per week = S+  
1-2 hours per week = S  
Less than 1 hour per week = U

Parent Signature:

\_\_\_\_\_

**April 2019**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6 Total:
7	8	9	10	11	12	13 Total:
14	15	16	17	18	19	20 Total:
21	22	23	24	25	26	27 Total:
28	29	30 Total:				