

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 ...<br>(Percussion: My technique was ...)<br>Stayed Improved Improved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Stayed<br>the same       | Improved<br>a little     | Improved<br>quite a bit  |
| 2. At the <u>end</u> of the week my tone was ...<br>(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<br>the same       | Improved<br>a little     | Improved<br>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 ...<br>(Percussion: My attention to sticking...)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My overall ability to play the music<br>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.*