

Name: \_\_\_\_\_

**MCHS Practice Log  
2010-2011**

Class: \_\_\_\_\_

Instrument: \_\_\_\_\_

**Due every Friday, BY 3:00PM**

Period: \_\_\_\_\_

In order to receive full credit, the student needs to practice 5 sessions (on 5 different days\*\*) for at least 40 minutes each. If there are no goals/objectives written down, the student will receive no credit for that session. The student needs to sign for each session he/she practices. **Note: A parent needs to sign, certifying the practice log. If there is no parent signature, the student will not receive credit!** If you have questions, please see Ms. Ward.

Date	Goals/Objectives of practice session - what was accomplished?	Minutes	Student Signature

**I certify this practice log to be true and correct.**

\_\_\_\_\_

**(Parent Signature)**