

Linglestown Middle School
Orchestra
Practice Sheet

Name _____ Assigned Date ____/____/____

Date Due ____/____/____

I. Scales

DM GM AM CM
FM BbM EbM

III. Orchestra Music

Played With Music
Memorized

II. Lesson Book

IV. Skills to work on

Self Assessment

How would you rate your level of proficiency on this lesson material?

1	2	3	4
Below Basic	Basic	Proficient	Advanced

1. What new concept(s) or skill(s) did you learn during this practice session cycle?

2. What trouble are you having with this material?

Practice Record

Please practice at home for at least 1 hour before your next lesson. If you miss a lesson please check with Mrs. Smith to get your assignments. Use the chart below to show when you practiced and for how long. Then have a parent sign it and return this sheet at your next lesson.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	Date	Date	Date	Date	Date	Date
Time	Time	Time	Time	Time	Time	Time

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	Date	Date	Date	Date	Date	Date
Time	Time	Time	Time	Time	Time	Time

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	Date	Date	Date	Date	Date	Date
Time	Time	Time	Time	Time	Time	Time

Total Minutes _____

Parent Signature _____

Teacher Comments:

Parent Comments: