Name		Turn in Date:		
Day	Assignment		Minutes Practiced	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
		Weekly Total		
Parent Signa	ture			
Name	ame Turn		Minutes Practiced Minutes %0 %0 %0 %0 %0 %0 %0 %0 %0 %0 %0 %0 %0	
Day	Assignment		Minutes Practiced	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
		Weekly Total		

Parent Signature _____