

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

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

**Required Practice:**

1.5 Hours per Week  
 (approx. 15 min. per day)

# Practice Sheet – *November 2015 Elementary*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Weekly Time Practiced: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Weekly Time Practiced: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Weekly Time Practiced: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Weekly Time Practiced: \_\_\_\_\_

Parent Signature: \_\_\_\_\_