

Name: _____

Class: _____

Required Practice:

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

Practice Sheet – *April 2018 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: _____