

Student Name \_\_\_\_\_ Week of \_\_\_\_\_

# IMS Band Weekly Practice Record

Students should practice 15 minutes, 5 nights a week!

What is the focus of this week's practice?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Monday** - What did you practice?


Practice Time \_\_\_\_\_

**Tuesday** - What did you practice?


Practice Time \_\_\_\_\_

**Wednesday** - What did you practice?


Practice Time \_\_\_\_\_

**Thursday** - What did you practice?


Practice Time \_\_\_\_\_

**Friday** - What did you practice?


Practice Time \_\_\_\_\_

**Saturday** - What did you practice?


Practice Time \_\_\_\_\_

**Sunday** - What did you practice?


Practice Time \_\_\_\_\_

Total Practice Time \_\_\_\_\_

Parent Confirmation Signature \_\_\_\_\_