

## 5<sup>th</sup> Grade Weekly Practice Schedule

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_ Week of: \_\_\_\_\_

This Week's Assignment:

This Week's Practice Goal(s): (Circle which ones!)

RHYTHM	ARTICULATION	FINGERINGS
TEMPO	DYNAMICS	BREATHING
-tone production	OTHER: _____	OTHER: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
I PRACTICED:	I PRACTICED:	I PRACTICED:	I PRACTICED:	I PRACTICED:	I PRACTICED:	I PRACTICED:

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