

# Practice Notes

Grade: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Day	Scales	Exercises/Music	Time
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Private lesson			

Parent signature \_\_\_\_\_

Total time: \_\_\_\_\_

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