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| **Fall 2019 Independent Lesson Practice Record** |  |  |  |  |  |
|  |  |  |  |  | Teacher's Name: |  |  |
| Student's Name:  |  |  |  | Teacher's Signature in October: |  |
| Instrument:  |  |  |  |  | Teacher's Signature as of last lesson: |  |
|  |  |  |  |  |  |  |  |  |
| Enter the number of minutes below in independent practice time each week:  |  |  |  |
| **The goal is as many hours as instructed by your teacher according to age and level of experience.****Send to** **hspdocuments@shamrocks.us** **at the end of the semester.** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 5** | **Week 6** | **Week 7** | **Week 8** | **Week 9** |
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|  |  |  |  |  |  |  |  |  |
| **Week 10** | **Week 11** | **Week 12** | **Week 13** | **Week 14** | **Week 15** | **Week 16** | **Week 17** | **Week 18** |
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