

Flagstaff Arts and Leadership Academy
PRACTICE LOG

Student's Name _____ Instrument _____

Week of: _____ Teacher's Name _____



Practice times for week previous to lesson:

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the spaces below to outline the lesson and assignments.

NEW PIECES _____

POLISHING PIECE _____

POLISHED PIECE _____

SCALE STUDY _____

THEORY _____

SIGHT READING _____

EAR TRAINING _____

TECHNICAL EXERCISE _____

Parent Signature _____

