

Innisfail Music Program Practice Record

Name _____ Month _____

Write the minutes under each day that you practice and list the song title/bars of what you practiced.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	Songs/Bars	

Play Test – Scale or selection: _____

Notes	Rhythm	Breath	Tone

Mark ____/10