

ASSIGNMENT AND PRACTICE CHART

NAME _____

DATE: _____

WEEK OF _____

SCALES	TECHNIQUE	ETUDE	SOLO REPERTOIRE

M	T	W	T	F	S	S
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SCALES							
TECHNIQUE							
ETUDE							
SOLO REPERTOIRE							

ASSIGNMENT AND PRACTICE CHART

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

Questions, comments or concerns:
