

Name _____

Technique Group: _____

@Home Practice Sheet – 4th Quarter

Tech Session 1Date: **Quality of Home Practice (Circle each category that you have completed)**

Practiced with a good warm-up	Practiced all parts of the assignment	Completed at least 5 practice sessions of 20+ minutes each	Practiced regularly with a metronome	Practiced with available recordings	Total
1	1	6	1	1	/10

Preparation of Current Assignment (Circle each category that you have completed)

Scales practiced a minimum of 5 times without mistakes	Practiced with accurate notes and key signatures	Practiced and counted with correct rhythms	Practiced with correct dynamics and articulations	Practiced with correct phrasing	Total
6	1	1	1	1	/10

/20

Student Signature_____
Parent Signature_____
Total rating**Tech Session 2**Date: **Quality of Home Practice (Circle each category that you have completed)**

Practiced with a good warm-up	Practiced all parts of the assignment	Completed at least 5 practice sessions of 20+ minutes each	Practiced regularly with a metronome	Practiced with available recordings	Total
1	1	6	1	1	/10

Preparation of Current Assignment (Circle each category that you have completed)

Scales practiced a minimum of 5 times without mistakes	Practiced with accurate notes and key signatures	Practiced and counted with correct rhythms	Practiced with correct dynamics and articulations	Practiced with correct phrasing	Total
6	1	1	1	1	/10

/20

Student Signature_____
Parent Signature_____
Total rating**Tech Session 3**Date: **Quality of Home Practice (Circle each category that you have completed)**

Practiced with a good warm-up	Practiced all parts of the assignment	Completed at least 5 practice sessions of 20+ minutes each	Practiced regularly with a metronome	Practiced with available recordings	Total
1	1	6	1	1	/10

Preparation of Current Assignment (Circle each category that you have completed)

Scales practiced a minimum of 5 times without mistakes	Practiced with accurate notes and key signatures	Practiced and counted with correct rhythms	Practiced with correct dynamics and articulations	Practiced with correct phrasing	Total
6	1	1	1	1	/10

/20

Student Signature_____
Parent Signature_____
Total rating

Name _____

Technique Group: _____

Tech Session 4

<u>Date:</u>

Quality of Home Practice (Circle each category that you have completed)

Practiced with a good warm-up	Practiced all parts of the assignment	Completed at least 5 practice sessions of 20+ minutes each	Practiced regularly with a metronome	Practiced with available recordings	Total
1	1	6	1	1	/10

Preparation of Current Assignment (Circle each category that you have completed)

Scales practiced a minimum of 5 times without mistakes	Practiced with accurate notes and key signatures	Practiced and counted with correct rhythms	Practiced with correct dynamics and articulations	Practiced with correct phrasing	Total
6	1	1	1	1	/10

Student Signature

Parent Signature

 /20
Total rating