

FIRST & LAST NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

# MISSION: IMPOSSIBLE

## PRACTICE RECORD SHEET

1. Establish a regular practice time. Try practicing before or after school, dinner, etc. .
2. Sit with a straight back and make sure you hold instrument correctly.
3. Practice with a steady beat.
4. Start at a slow tempo first. Isolate the difficult spots.
5. Read and review music theory sections from the book.
6. Listen to CD/DVD/Internet Recordings when practicing each song.
7. Count in your head while playing.
8. Clean instrument and put away in case correctly when done.



Your practice goal is ten minutes at day, five days a week.

**DAY ONE** \_\_\_\_\_ (day and date)

Did you warm-up correctly? \_\_\_\_\_

List songs you practiced \_\_\_\_\_

How long did you practice? \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**DAY TWO** \_\_\_\_\_ (day and date)

Did you warm-up correctly? \_\_\_\_\_

List songs you practiced \_\_\_\_\_

How long did you practice? \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**DAY THREE** \_\_\_\_\_ (day and date)

Did you warm-up correctly? \_\_\_\_\_

List songs you practiced \_\_\_\_\_

How long did you practice? \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**DAY FOUR** \_\_\_\_\_ (day and date)

Did you warm-up correctly? \_\_\_\_\_

List songs you practiced \_\_\_\_\_

How long did you practice? \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**DAY FIVE** \_\_\_\_\_ (day and date)

Did you warm-up correctly? \_\_\_\_\_

List songs you practiced \_\_\_\_\_

How long did you practice? \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

If you are unable to practice please still submit a signed practice record.