



Weekly Practice Plan

Practice Week: 2/24
Location: Pewaukee

Name: Sample Score

Class Name: Concert/Phil. Orchestra

While Practicing, Focus on These Areas in This Order

- Precision** = Play Notes & Rhythms Exactly as Written
(slowly at first)
- Intonation** = Play Notes Exactly in Tune
(while also Producing a Good Tone)
- Expression** = Focus on Articulation, Dynamics, Phrasing. *Play the music—not just the instrument.*

Rating: Based on total times practiced each week
A = 28+ B = 21-27 C = 14-20 D = 7-13 E = 0-6

Starfire 5-14

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 3 | 3 | 3 | 0 | 6 | 3 | 3 |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: 21

Rock 16-26

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 3 | 3 | 3 | 0 | 5 | 4 | 3 |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: 21

Raiders 41-50

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 4 | 3 | 4 | 3 | 3 | 4 | 4 |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: 25

To Achieve Success, Follow this Process:

- Dream** = Outstanding Musicianship
- Goal** = Mastery of Skills & Assignments
- Practice Plan** = Your Path to Mastery
(through Daily Improvement)

Weekly Practice Plan Continued

Thunderer 22-32

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 3 | 3 | 3 | 0 | 3 | 5 | 5 |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: 22

Wellerman 19-25

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 3 | 3 | 4 | 0 | 3 | 7 | 2 |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: 22

Piece Name My Practice Plan
Number of times I practiced this each day.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| | | | | | | |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Total Count: _____

I, the parent/guardian, attest I have reviewed the practice record and it is accurate, to the best of my knowledge.

Parent's Signature

Parent/Guardian Signature: **PLEASE WRITE CLEARLY**

Parent Comments:

Only those who have the patience to do simple things perfectly ever acquire the skill to do difficult things easily." --Schiller--