

Practice Concepts and Time Documentation

(Optional Form for ES usage if desired)

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|---------------------|-------------------|-----------------------------------|
| Student Name: _____ | Course: _____ | Dates: _____ |
| Lesson date | Concepts reviewed | Instructor comments helpful to ES |
| | | |

Student: Check off each day of practice/lesson time/review below for this week.

Student Directions: _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

At high school level - 15 hours is one unit of credit at an A.
 14 hours is one unit of credit at a B
 13 hours is one unit of credit at a C

If you wish to achieve an A and the full 5 units of credit for one semester you will need to practice one hour a day and have the lesson details fully filled out each week. This form will act as a record of classes, practices, assist at Learning Record meetings, and be a portfolio sample.

Checked and accepted by ES _____