

Student Name: _____

Practice Planner

Week of: _____

Week of: _____

ASSIGNMENT	SUN	MON	TUE	WED	THU	FRI	SAT
Bow Exercises:							
Left-Hand Exercises:							
Other Technique:							
Orchestra Repertoire:							
Lesson Repertoire:							
Review:							
Total Time:							

ASSIGNMENT	SUN	MON	TUE	WED	THU	FRI	SAT
Bow Exercises:							
Left-Hand Exercises:							
Other Technique:							
Orchestra Repertoire:							
Lesson Repertoire:							
Review:							
Total Time:							

Parent Signature: _____

Parent Signature: _____

Week of: _____

Week of: _____

ASSIGNMENT	SUN	MON	TUE	WED	THU	FRI	SAT
Bow Exercises:							
Left-Hand Exercises:							
Other Technique:							
Orchestra Repertoire:							
Lesson Repertoire:							
Review:							
Total Time:							

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