

# LCMA BAND Instrumental Practice Chart

Name: \_\_\_\_\_ Total Hours \_\_\_\_\_ Class \_\_\_\_\_

Parent Signature \_\_\_\_\_ Month \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								

### Detailed Practice Reports

Warm Ups		Day Recorded: _____
What?	<input checked="" type="checkbox"/>	What Kind/Which Ones?
Breathing Exercises (1-2 min)	<input type="checkbox"/>	How Long
Long Tones (2-4min)	<input type="checkbox"/>	
Mouthpiece Buzzing(2-3min)	<input type="checkbox"/>	
Brass Lip Slurs(2-3 min)	<input type="checkbox"/>	
Scales (3-5min)	<input type="checkbox"/>	
Band Book		Day Recorded: _____
Page/Song Number(s)	What Kind/Which Ones?	
Improvement Goal/Focus	<input type="checkbox"/> Notes <input type="checkbox"/> Tone <input type="checkbox"/> Tempo(speed and/or steadiness) <input type="checkbox"/> Dynamics <input type="checkbox"/> Articulation <input type="checkbox"/> Phrasing Other: _____	
Practice Strategies Used		
Did you meet your goal?	____ yes    ____ not yet – closer    ____ not yet – need help	
Goal Setting/Reflection		Day Recorded: _____
Evaluate your practice session. What did you improve during your practice? What will you work on the next time you practice? What do you need help with?          		

*If you cannot always remember when you should practice, keep this in mind: Practice on the days you eat." – Suzanne Day*