

# Cadet Band Brass Goal Sheet/Practice Chart

Name \_\_\_\_\_ Due Date \_\_\_\_\_

## Weekly Practice (Enter minutes practiced each day)

Fri.	Sat.	Sun.	Mon.	Tue.	Wed.	Thur.

<b>EVALUATION AND GOAL SETTING</b>
Goal #1-write in weekly goal and check level of achievement.
Goal Achieved?   ___YES   ___NOT YET   ___I NEED HELP
Goal #2-write in weekly goal and check level of achievement.
Goal Achieved?   ___YES   ___NOT YET   ___I NEED HELP
What warm-up exercises did I use?
What songs out of Essential Elements and/or band binder did I practice?
What did I accomplish in my practice time this week?
What gave me problems?
What did I enjoy playing this week?

Parents/Guardians:

It is important that you talk with your child concerning the progress they have made during the week. The work we do together (Student, Parent, Teacher) will increase the likelihood that your student will experience success. Please sign and date below only after your student has completed the sheet by documenting both the amount and content of practice.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_