

Student Name \_\_\_\_\_ Lesson Date \_\_\_\_\_

Practice Log Rate each practice session on a Likert scale of 1-5 (1=lowest, 0= no practice)

Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.	Date	Date	Date	Date	Date	Date	Date
		M	M	M	M	M	M	M
Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.	T	T	T	T	T	T	T
Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.	M	M	M	M	M	M	M
		T	T	T	T	T	T	T
Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.							
Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.	M	M	M	M	M	M	M
		T	T	T	T	T	T	T
Assignment: _____ Recommended Practice Time _____ Purpose: _____ Criteria for Evaluation: _____	Min.							

If there are any questions or observations that come up during a practice session, please write your notes on the back of this sheet.