

Slough Piano Teacher Pupil Monthly Practice Record Sheet

NAME: _____ Parents Sign _____

My Music Breakdown Month _____ Grade _____

I understand that each box represents 10%. I aim to achieve 100%

Study:	DAYS	MINUTES/HRS
Week 1: I studied 5-7 day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 1hr <input type="checkbox"/> 1hr 15 <input type="checkbox"/> + <input type="checkbox"/>
Week 2: I studied 5-7 days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30 min <input type="checkbox"/> 45min <input type="checkbox"/> 1hr <input type="checkbox"/> 1hr 15 <input type="checkbox"/> + <input type="checkbox"/>
Week 3: I studied 5-7 days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30 min <input type="checkbox"/> 45min <input type="checkbox"/> 1hr <input type="checkbox"/> 1hr 15 <input type="checkbox"/> + <input type="checkbox"/>
Week 4: I studied 5-7 days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30 min <input type="checkbox"/> 45min <input type="checkbox"/> 1hr <input type="checkbox"/> 1hr 15 <input type="checkbox"/> + <input type="checkbox"/>
Week 5: I studied 5-7- days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 1hr <input type="checkbox"/> 1hr 15 <input type="checkbox"/> + <input type="checkbox"/>

Did you study less than 20 mins at on any day YES No Multiple Days
 Which week: 1 2 3 4 5 Day: Mon Tue Wed Thur Fri Sat Sun

Were you unwell Yes No Away from Home: Yes No Week__ Day__

School Exams Yes No

Other tuition HW Yes No How many Tutors

Other extra curricular study and or learning including sports/ instruments/events
 Mon Tues Wed Thur Frid Sat Sun Weekly Monthly

Understanding of:

Scales Sections

Notes:

Dynamics:

Rhythm:

Music Notation: Accents/Grace notes:

Has the homework been completed to the best of your ability Yes No

Can this piece be presented to me? Yes I need more work Exam ready