

**Scarsdale High School
Music & Performing Arts Department**

**2020-2021
Applied Music Study
Students Quarterly Practice Record**

Students must complete this form quarterly, and parents must verify with signature. This form should be returned to the Music & PA Office by the dates indicated in the accompanying letter.

Name of Student _____ Grade _____

Instrument or Voice _____

Grading Quarter: (Circle one) I II III IV

Record below the number of minutes you practice each day.

Week Ending (Date)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total

Total number of hours practiced _____

Signature of Parent _____

Parent Remarks:

Please list solos, etudes and other materials studied during this marking period on the other side.

DATE OF PERIOD COVERED: FROM _____ TO _____

COMPOSER SOLOS STUDIED

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

COMPOSER ETUDES (or other material)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____