



# Cario Band Program Weekly Practice Record

**DUE ON  
FRIDAY**

**GRADE  
%**

<b>Student's Full Name</b>	<i>(Chart will not be accepted without name)</i>	<b>Band Class:</b>	<input type="checkbox"/> 6B	<input type="checkbox"/> 6W	<input type="checkbox"/> 7B	<input type="checkbox"/> 7W	<input type="checkbox"/> 8		
<b>FRIDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>SATURDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>SUNDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>MONDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>TUESDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>WEDNESDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>THURSDAY</b> DATE: _____	MUSIC PRACTICED _____ _____	METRONOME SETTING _____ _____	TIME SPENT _____ _____	TOTAL PRACTICE TIME					
<b>Parent Signature</b> <i>(Must be legible and will not be accepted if not signed)</i>		<b>Total Minutes Practiced:</b>							
<b>Grading Period Week #:</b>	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5	<input type="checkbox"/> #6	<input type="checkbox"/> #7	<input type="checkbox"/> #8	<input type="checkbox"/> #9