



# Carro Band Program Private Lessons Chart

**REVIEWED BY  
DIRECTOR  
(INITIALS)**

Student's Full Name		Band Class:	<input type="checkbox"/> 6B	<input type="checkbox"/> 6W	<input type="checkbox"/> 7B	<input type="checkbox"/> 7W	<input type="checkbox"/> 8
Instructor:	Instrument:	Date:					

LESSON DATE	MATERIAL PRACTICED	ASSIGNMENT FOR THE WEEK	INSTRUCTOR COMMENTS AND INITIALS	EXTRA CREDIT OR WEEKLY PRACTICE RECORD
				EXTRA CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO USED FOR WEEKLY PRACTICE <input type="checkbox"/> YES <input type="checkbox"/> NO TIME SPENT
				EXTRA CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO USED FOR WEEKLY PRACTICE <input type="checkbox"/> YES <input type="checkbox"/> NO TIME SPENT
				EXTRA CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO USED FOR WEEKLY PRACTICE <input type="checkbox"/> YES <input type="checkbox"/> NO TIME SPENT
				EXTRA CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO USED FOR WEEKLY PRACTICE <input type="checkbox"/> YES <input type="checkbox"/> NO TIME SPENT
				EXTRA CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO USED FOR WEEKLY PRACTICE <input type="checkbox"/> YES <input type="checkbox"/> NO TIME SPENT
EXTRA CREDIT HOURS			Total Weekly Practice	