



**Lesson Assignment**

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_

Scheduled Lesson Day: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**What to Work On:**

Music Theory: \_\_\_\_\_

\_\_\_\_\_

Warm-Ups & Scales: \_\_\_\_\_

\_\_\_\_\_

Other Exercises: \_\_\_\_\_

\_\_\_\_\_

Songs/Pieces to focus on: \_\_\_\_\_

\_\_\_\_\_

Extras: \_\_\_\_\_

\_\_\_\_\_

**Practice Record** (In the boxes below, write down how many minutes you practiced each day.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Comments for Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_