

**RHS Orchestra Practice Record 😊**

Student Name: \_\_\_\_\_

Week: \_\_\_\_\_

Minutes Practiced in Minutes (AT LEAST 100 minutes)

**Mon.    Tues.    Wed.    Thur.    Fri.    Sat.    Sun.**

**Total:** \_\_\_\_\_

Scales Practiced:

\_\_\_\_\_  
Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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