

Name:

Elementary Band Practice Sheet

Assignment & Date	Days of practice – Min. 5 Days 15-30 mins <table border="1" data-bbox="800 310 1234 370"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Parent Initial:									Comments <ul style="list-style-type: none"><input type="checkbox"/> Exceeds<input type="checkbox"/> Meets<input type="checkbox"/> Approaching<input type="checkbox"/> Progressing
Assignment & Date	Days of practice – Min. 5 Days 15-30 mins <table border="1" data-bbox="800 578 1234 638"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Parent Initial:									Comments <ul style="list-style-type: none"><input type="checkbox"/> Exceeds<input type="checkbox"/> Meets<input type="checkbox"/> Approaching<input type="checkbox"/> Progressing
Assignment & Date	Days of practice – Min. 5 Days 15-30 mins <table border="1" data-bbox="800 834 1234 894"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Parent Initial:									Comments <ul style="list-style-type: none"><input type="checkbox"/> Exceeds<input type="checkbox"/> Meets<input type="checkbox"/> Approaching<input type="checkbox"/> Progressing
Assignment & Date	Days of practice – Min. 5 Days 15-30 mins <table border="1" data-bbox="800 1097 1234 1157"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Parent Initial:									Comments <ul style="list-style-type: none"><input type="checkbox"/> Exceeds<input type="checkbox"/> Meets<input type="checkbox"/> Approaching<input type="checkbox"/> Progressing
Assignment & Date	Days of practice – Min. 5 Days 15-30 mins <table border="1" data-bbox="800 1352 1234 1412"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Parent Initial:									Comments <ul style="list-style-type: none"><input type="checkbox"/> Exceeds<input type="checkbox"/> Meets<input type="checkbox"/> Approaching<input type="checkbox"/> Progressing