

Month: _____



Name: _____

***Dr. G.W. Williams Secondary School
Music Department
Instrumental Practice Journal***

<input type="checkbox"/> Technique	Date: _____	Total Time: _____
<input type="checkbox"/> Tone	Comments: _____	
<input type="checkbox"/> Rhythm	_____	
<input type="checkbox"/> Posture	_____	
<input type="checkbox"/> Repertoire	_____	
Parents Signature: _____		

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<input type="checkbox"/> Rhythm	_____	
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