



## Sixth Grade Band Practice Journal

Name \_\_\_\_\_ Date \_\_\_\_\_ DUE: \_\_\_\_\_

List the pieces you practiced today:


At the end of your practice session, think about how you sounded today and check one box to complete each statement.

	<i>OK</i>	<i>Good</i>	<i>Excellent</i>
1. My TONE was... <i>(Percussion: My TECHNIQUE was...)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My POSTURE and PLAYING POSITION were...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My CONCENTRATION was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Stayed the same</i>	<i>Improved a little</i>	<i>Improved Quite a bit</i>
4. My ability to play NOTES and FINGERINGS..... <i>(Percussion: My Ability to play STICK CONTROL...)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My ability to COUNT and PLAY RHYTHMS...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My attention to DYNAMIC CONTRAST...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My attention to ARTICULATION...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My attention to BREATH MARKS and PHRASING... <i>(Percussion: My attention to STICKINGS...)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My overall ability to play the music practiced...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The piece (or section) that improved the most today was _____			
11. Next time I practice, I need to review (or work more on) _____			

Parent/Guardian: Please review your student's practice journal. Better yet, ask to hear some of the music he or she has been practicing. Acknowledge his or her progress with a comment and your signature in the box below.

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