

*****At least 30 minutes per day and 3 hours 30 minutes per week to receive credit.**

Practice Records

(Do Not Cut These Practice Records apart...your child will use this page until all 4 weeks are completed)

Student Name _____

Class Period _____

Week One: _____

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total amount *hr* *min*

Parent/Guardian Signature

Week Three: _____

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total amount *hr* *min*

Parent/Guardian Signature

Week Two: _____

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total *hr* *min*

Parent/Guardian Signature

Week Four: _____

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Total *hr* *min*

Parent/Guardian Signature
