

PRACTICE MAKES PERFECT!

Name _____

Practice Chart for _____ (month)



| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Minutes |
|--------|--------|--------|---------|-----------|----------|--------|----------|---------------|
| WEEK 1 | | | | | | | | |
| WEEK 2 | | | | | | | | |
| WEEK 3 | | | | | | | | |
| WEEK 4 | | | | | | | | |
| WEEK 5 | | | | | | | | |

Parent Signature _____ Total Minutes for the Month _____