**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Band:** 1 2 **Log #:** \_\_\_\_\_\_\_\_ **For Miss Weaver’s use only: Deductions**:\_\_\_\_\_\_\_\_\_\_ **Extra Credit**:\_\_\_\_\_\_\_\_\_ **Total Score:**\_\_\_\_\_\_\_\_\_\_

**6th Grade Band Practice Log**

Each 6th grade band member is required to complete a practice log each week of each marking period. They will receive a score out of 100% dependent on the amount of practice time that they put in each week. The chart below describes how they will be scored

|  |  |  |
| --- | --- | --- |
|  | Marking Period 1 | Marking Period 2-4 |
| 100% | 45 minutes | 60 minutes |
| 90% | 35-44 minutes | 50-59 minutes |
| 85% | 25-34 minutes | 40-49 minutes |
| 75% | 15-24 minutes | 30-39 minutes |
| 65% | 10-14 minutes | 20-29 minutes |
| 55% | Less than 10 minutes | 10-19 minutes |
| 0% | --- | Less than 10 minutes |
| +1% | +10 extra minutes | +10 extra minutes |
| +5% | +20 extra minutes | +20 extra minutes |

***Things to think about when filling out your practice chart:***

1. Please be as descriptive as possible when listing what was practiced. Ex. If you practiced in the book, what page did you practice? What line #’s did you work on? If you practiced concert music, which piece did you practice and which measure #’s did you work on?
2. List each practice session individually, even if you practiced more than once a day.
3. Check your math when adding up your minutes.
4. Putting your instrument together and taking it apart do not count as practice time.
5. Practicing the minimum amount (45 or 60 minutes) will earn you a perfect score but limiting yourself to those small amounts of time, especially closer to the concerts, will not help you get a perfect result on your band music. If you want to improve quickly, it is recommended to add at least 20-30 minutes extra minutes to your weekly practice times.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Start time** | **Stop time** | **Total Minutes** | **Description of what you practice** |
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**Total weekly minutes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_