

<b>NAME:</b>					<b>Next Lesson:</b>			
<b>For Assessment:</b>								
<b>For Practice:</b>								
<b>Long Term/ Notes:</b>								
Write in the total amount of practice time per day. Total the times.								
Mon	Tue	Wed	Thu	Fri	Sat	Sun	<b>TOTAL</b>	Parent Initial

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