

EXTRA CREDIT PRACTICE JOURNAL (1 PER WEEK)

NAME _____ DATE _____

List the scales, exercises, or pieces you practiced today:

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

- | | O.K. | Good | Excellent |
|---|--------------------------|--------------------------|--------------------------|
| 1. My TONE was..... | <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"/> |
| | Stayed the same | Improved a little | Improved quite a bit |
| 4. My ability to play NOTES and FINGERINGS...
(Correct finger pattern, shifting, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My ability to play with good INTONATION... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My ability to COUNT and PLAY RHYTHMS... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My attention to DYNAMIC CONTRAST... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My attention to ARTICULATION...
(Correct Bowings, Note Length) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. My overall ability to play the music I practiced... _____
10. The scale, exercise, or music (section) I improved the most today was _____
11. The next time I practice, I need to review (or work more on) _____
- _____

START TIME: _____ END TIME: _____

Parents/Guardians: 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/or your signature below.

Signature _____