

Quality Practice Slip

Name: _____ Date: _____ Grade: _____

Amount of time: _____ (30 minutes minimum, in one block of time, per week)

Answer the questions below every time you practice!

- 1.) What did you practice today?
- 2.) What was your goal?
- 3.) How did you attempt to reach your goal?
- 4.) On a scale of 1-5 (1 = lowest, 5 = highest) rate your progress & improvement _____

• Parent Signature: _____

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Extra practice slips are highly encouraged, expected and count as extra credit

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