Days->Week:
3/4 Days:
2/3 Days:
TOTAL Time:

Sharla Bender Studios

Practice Record

Week #_____

PRINT Your Name_____

Today's Date _____/_____/2026 through _____/_____/2026

This MUST be completed and turned in at your lesson

Time Practiced Per Day Ex: 15 mins or 1 hr	**List Music and Technique Practiced, Theory Assignments**
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

TOTAL Practice Time_____ Hours_____ Minutes

Student's Signature_____

Days->Week:
3/4 Days:
2/3 Days:
TOTAL Time:

Sharla Bender Studios

Practice Record

Week #_____

PRINT Your Name_____

Today's Date _____/_____/2025 through _____/_____/2025

This MUST be completed and turned in at your lesson

Time Practiced Per Day Ex: 15 mins or 1 hr	**List Music and Technique Practiced, Theory Assignments**
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

TOTAL Practice Time_____ Hours_____ Minutes

Student's Signature_____