

Name _____

Month _____

Student/Parent Self-Grade: Home Practice

Parent: Please put a 0, 1, 2, 3, or 4 on the line in the “Practice Time” box indicating the amount of time your child practices each week. I realize that you probably do not personally witness each practice session, so use the score that best describes your child’s practice habits *to the best of your knowledge.*

	4	3	2	1	0
Practice Time _____	My child has a set practice time each night and it is part of his/her routine. He/she practices an average of AT LEAST 30 minutes a night, 5 nights a week.	My child does not have a set practice time each night, but he/she does practice an average of 25-30 minutes a night, 5 nights a week.	My child practices, but not every night. He/she averages about 15-20 minutes, 5 nights a week.	My child practices less than 10 minutes a night, five nights a week.	My child does not practice at home.

Parent Signature _____

Student: Please put a 0, 1, 2, 3, or 4 on the line in the “Quality of Practice” box indicating the type of practicing you do. Please be honest about the quality of your practice time.

	4	3	2	1	0
Quality of Practice _____	When I practice, I warm up using my scales, then work on the parts of the music that are difficult for me to play. I also work on things that Ms. Hinson tells me to work on (like my sound, tonguing, etc.)	When I practice, I do not warm up on scales. I go straight to the music, but I do try to practice the parts that are difficult for me.	When I practice, I do not warm up on scales, and I usually just play through the “fun” or easy parts of the music several times.	When I practice, I do not warm up on scales, and I usually only play the “fun” or easy parts of the music once.	I usually do not practice.

Student Signature _____