

NAME \_\_\_\_\_

# **WINDS PRACTICE DIARY / SELF-ASSESSMENT**

## **PRE-ASSESSMENT (FILL THIS PORTION OUT EACH FRIDAY):**

1. WHAT SKILL IN YOUR PERFORMING DO YOU NEED THE MOST WORK ON? \_\_\_\_\_
2. HOW MANY HOURS THIS WEEK WILL YOU WORK ON BREATHING? \_\_\_\_\_
3. HOW MANY HOURS THIS WEEK WILL YOU WORK ON TONE? \_\_\_\_\_
4. HOW MANY HOURS THIS WEEK WILL YOU WORK ON SCALES? \_\_\_\_\_
5. HOW MANY HOURS THIS WEEK WILL YOU WORK ON RHYTHMS? \_\_\_\_\_
6. HOW MANY HOURS THIS WEEK WILL YOU WORK ON OTHER THINGS? \_\_\_\_\_

**WRITE THE NUMBER OF MINUTES YOU WORK ON EACH SKILL ON EACH DAY YOU PRACTICE.**

<b>SKILL</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>TOTALS</b>
<i>BREATHING</i>								
<i>TONE</i>								
<i>SCALES</i>								
<i>RHYTHM</i>								
<i>OTHER</i>								

## **POST-ASSESSMENT (FILL THIS PORTION OUT EACH THURSDAY, AFTER PRACTICING):**

1. WERE YOU ABLE TO DEVELOP YOUR CHOSEN SKILL DURING THE WEEK? \_\_\_\_\_
2. DO YOU THINK YOU PRACTICED ENOUGH TOTAL TIME THIS WEEK? \_\_\_\_\_
3. WHAT THINGS THAT YOU PRACTICED SEEMED EFFECTIVE THIS WEEK?  
\_\_\_\_\_
4. WHAT THINGS THAT YOU PRACTICED WERE NOT AS EFFECTIVE THIS WEEK?  
\_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE