Name:

Hour:

Due Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Day: | What was practiced? | How many minutes? | How did you improve? |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

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