



NAME _____

ASSIGNMENT:

Week of:	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL	PARENT'S FULL SIGNATURE

Teacher assessment for student progress:

PERFORMANCE ACHIEVEMENT: **Excelling** **Improving** **Limited Improvement** **Underperforming** **Diminishing**
HOME EFFORT: **Excellent** **Good** **Satisfactory** **Needs Improvement** **Unsatisfactory** **?? (forgot chart)**
BEHAVIOR: **Excellent** **Good** **Satisfactory** **Needs Improvement** **Unsatisfactory**

PERFORMANCE ENHANCEMENTS:

Student needs to: ___Tongue all notes (Tooo) ___Sit up straight ___Use correct instrument position ___Keep your head up ☺
 ___Other _____

REMINDERS: