

## Band Journal Entries

Student Name: \_\_\_\_\_

Week of: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Warm-up: \_\_\_\_\_

Goal #1: \_\_\_\_\_

Rate your progress on this goal. (Low) 1 2 3 4 5 (High)

Goal #2: \_\_\_\_\_

Rate your progress on this goal. (Low) 1 2 3 4 5 (High)

Goal #3: \_\_\_\_\_

Rate your progress on this goal. (Low) 1 2 3 4 5 (High)

Warm-down: \_\_\_\_\_

For Teacher Use Only:

1  
No goals given

2  
Some goals attempted  
but lacks clarity

3  
All goals attempted,  
but lacks clarity

4  
Most goals complete,  
specific, and clear

5  
All goals complete,  
specific, and clear

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