

Band Journal Entries

Parent Signature _____

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: _____ **Total Time Practiced:** _____

For Teacher Use Only:

1	2	3	4	5
No goals given	Some goals attempted but lacks clarity	All goals attempted, but lacks clarity	Most goals complete, specific, and clear	All goals complete, specific, and clear

Warm-up: _____ **Day of the Week:** _____

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: _____ **Total Time Practiced:** _____

For Teacher Use Only:

1	2	3	4	5
No goals given	Some goals attempted but lacks clarity	All goals attempted, but lacks clarity	Most goals complete, specific, and clear	All goals complete, specific, and clear

Warm-up: _____ Day of the Week: _____

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: _____ Total Time Practiced: _____

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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Warm-up: _____ Day of the Week: _____

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

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

Warm-down: _____ Total Time Practiced: _____

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