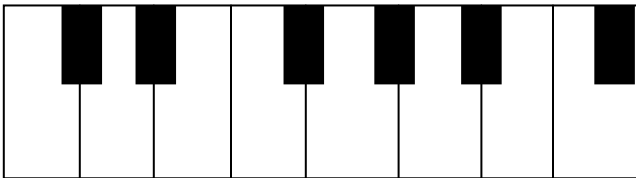


Parent's Signature \_\_\_\_\_  
 Mon Tues Wed Thur Fri Sat Sun Total

M \_\_ W \_\_

Date \_\_\_\_\_

Scales / Technique / Exercises / Eartraining



√ if done

- Day 1 \_\_\_\_\_
- Day 2 \_\_\_\_\_
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- Day 7 \_\_\_\_\_

Theory / Notepeller / Composition / Sightreading:

- OYO →
- Review →
- New &/or Independently →

Lesson:

- OYO →
- Review →
- New &/or Independently →

Recital / Performance / Solo:

- OYO →
- Review →
- New &/or Independently →

Supplemental Music: (Duets, Recital, Festival, etc.):

- OYO →
- Review →
- New &/or Independently →

Together @  
Lesson  
Or Notes:

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