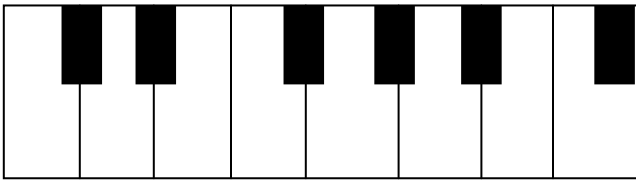


Parent's Signature _____
Mon Tues Wed Thur Fri Sat Sun Total

M __ W __

Date _____

Scales / Eartraining



√ if done

- Day 1 _____
- Day 2 _____
- Day 3 _____
- Day 4 _____
- Day 5 _____
- Day 6 _____
- Day 7 _____

√ if done

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√ if done

- Day 1 _____
- Day 2 _____
- Day 3 _____
- Day 4 _____
- Day 5 _____
- Day 6 _____
- Day 7 _____

Workbook:

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

Lesson:

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

Recital:

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

Discovery / Supplemental Music:

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

Together @
Lesson
Or Notes:

.....
