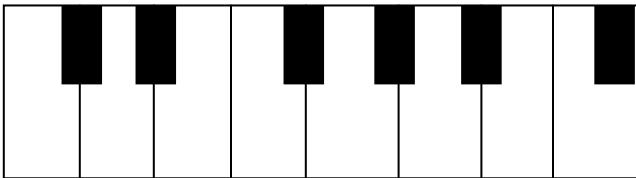


Parent's Signature _____
Mon Tues Wed Thur Fri Sat Sun Total

M __ W __

Date _____

Scales / Technique / Exercises / Eartraining / Sightreading



√ if done

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

√ if done

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

Theory / Notepeller / Composition / Sightreading:

OYO →
Review →
New &/or Independently →

√ if done

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

Lesson / Perfect Start for Note Reading:

OYO →
Review →
New &/or Independently →

√ if done

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

Recital / Performance / Solo / Perfect Start for Finger Exercises:

OYO →
Review →
New &/or Independently →

√ if done

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

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

OYO →
Review →
New &/or Independently →

Together @
Lesson
Or Notes:

.....

