

PRACTICE REPORT

NAME _____ GRADING PERIOD _____

WEEK	DATE	M	T	W	TH	F	S	SU	TOTAL	PARENT'S SIGNATURE	DIRECTOR'S INITIAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

TOTAL HOURS _____

GRADE EARNED _____

Practice Log Grading Rubric

Grade	A	B	C	D	F
Minutes per week	120+	96 - 119	84 - 95	72 - 83	60 - 71