

Music Assignment and Practice Sheet

Name: _____

Lesson Date/Day/Time: _____

Teacher: _____

Assignment	Review Pages	New Pages	Practice Suggestions

Scales: Major- C G D A E (B or Cb) (F# or Gb) (C# or Db) Ab Eb Bb F

minor- a e b f# c# (g# or ab) (d# or eb) (a# or bb) f c g d

Teacher's Evaluation of Lesson Excellent Good Satisfactory Needs Attention

Note to the Parent:

Note to Your Teacher:

Daily Practice Time:

Mon. _____
Tues. _____
Wed. _____
Thurs. _____
Fri. _____

Parent's Signature