

Listening Log

Name _____

Quarter _____

Folder # _____

Students will record all time spent practicing at home (60 min./week, +20 min. Extra Credit). Parent initial required for credit.

Min Due	Week	Tues	Wed	Thurs	Friday	Sat	Sun	Mon	Total	Init
60	22-Mar									
60	29-Mar									
60	5-Apr									
60	12-Apr									
60	19-Apr									
60	26-Apr									
60	3-May									
60	10-May									
60	17-May									

I verify that all time I record is accurate and truthful, and that I fulfilled course expectations.

Student Signature _____ **Date** _____

I verify that all time student records is accurate and truthful, and that student fulfilled course expectations.

Parent Signature _____ **Date** _____