



Staccato  
MUSIC STUDIOS

Name: \_\_\_\_\_ Month: \_\_\_\_\_

# I Making Music!

Draw a happy face or place a sticker on each day that you practice.

|        | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| WEEK 1 |        |         |           |          |        |          |        |
| WEEK 2 |        |         |           |          |        |          |        |
| WEEK 3 |        |         |           |          |        |          |        |
| WEEK 4 |        |         |           |          |        |          |        |

Goals for Technique / Sight Reading / Ear Training

Goals for Songs / Pieces / Composing

Did I complete my theory sheets?  YES  NO