

Practice Report

Dates: _____

Turn in: Wednesday _____

Weekly Objectives:

<u>Objectives</u>	<u>Parent Initials</u>
○ _____	
○ _____	
○ _____	
○ _____	
○ _____	
○ _____	
○ _____	

Next Playing Quiz _____ on _____.

Practice Time:

Wednesday: _____	Sunday: _____
Thursday: _____	Monday: _____
Friday: _____	Tuesday: _____
Saturday: _____	Total: _____

Parent Signature: _____

Student Name: _____

Grading Scale

Time	Grade	Time	Grade	Time	Grade	Time	Grade
3 hrs. 15 min	115	2 hrs. 7 min	85	1 hr. 22 min	55	37 minutes	25
3 hours	110	2 hours	80	1 hr. 15 min	50	30 minutes	20
2 hrs. 45 min	105	1 hr. 52 min	75	1 hr. 7 min	45	22 minutes	15
2 hrs. 30 min	100	1 hr. 45 min	70	1 hour	40	15 minutes	10
2 hrs. 22 min	95	1 hr. 37 min	65	52 minutes	35	7 minutes	5
2 hrs. 15 min	90	1 hr. 30 min	60	45 minutes	30	0 minutes	0