PRACTICE JOURNAL

Lesson Date:_____

THIS PRACTICE FELT...

Awesome | Good | Okay | Not good | Horrible

What did I practice?

I had problems with...

THIS PRACTICE FELT...

Awesome | Good | Okay | Not good | Horrible

What did I practice?

I had problems with...

THIS PRACTICE FELT...

Awesome | Good | Okay | Not good | Horrible

What did I practice?

I had problems with...

THIS PRACTICE FELT...

Awesome | Good | Okay | Not good | Horrible

What did I practice?

I had problems with...

This Weeks Assignments:

Days of Practice

Length of Practice

THIS PRACTICE FELT...

Awesome | Good | Okay | Not good | Horrible

What did I practice?

I had problems with...