

Practice Feedback Form

1. How often did you practice this week: (Time/Amount of practice)
 - a. I did not practice this week (stop here now and go practice!!)
 - b. One to two days
 - c. Three to four days
 - d. Five to seven days
2. When you practiced, how long did you practice?
 - a. Small sessions – multiple times a day
 - b. Block practice – one time a day
3. Did your practice times meet the goals of your practice contract?
 - a. Yes
 - b. No
4. Did you practice in a quiet area?
 - a. Yes
 - b. No
5. Was your practice free from distractions/interruptions?
 - a. Yes
 - b. No
6. Did you have a lot on your mind/did you feel pre-occupied while practicing?
 - a. Yes
 - b. No
7. Where did you practice:
 - a. At school
 - b. At home
 - c. Other: _____
8. How did you divide up the work:
 - a. At random, whatever came to mind
 - b. I had a plan/goal before I started to practice
9. While you worked, did you stop and fix trouble spots:

- a. Yes. Briefly describe how you fixed trouble spots:

 - b. No
10. Did you use the metronome?
- a. Yes
 - Were you able to stay with the metronome? Yes No
 - b. No
11. Do you feel you made progress this week?
- a. Yes
 - b. No
12. How did you make sure you are prepared for this lesson?
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13. What would you like to do differently about your practice this next week?
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14. What would you like to address specifically during your lesson?