

Teacher \_\_\_\_\_

GL Band

# Weekly Practice Report

Student's Name (please print) \_\_\_\_\_

Time in Minutes

Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
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Total time in minutes \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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Teacher \_\_\_\_\_

GL Band

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