

Cello Practice Guide

Name: _____ Lesson Date: _____

Check the box when assignment is completed.	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**
Right Hand Exercise:	☐	☐	☐	☐	☐	☐
Left Hand Exercise:	☐	☐	☐	☐	☐	☐
Scales & Arpeggios: Review Scale(s)	☐	☐	☐	☐	☐	☐
New Scale	☐	☐	☐	☐	☐	☐
Etude, Position Pieces or Sight Reading	☐	☐	☐	☐	☐	☐
New Piece Measures Mastered	___ ☐	___ ☐	___ ☐	___ ☐	___ ☐	___ ☐
Review	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
Listening <u>Check the days that you listened for **at least 1 hour**</u>	☐	☐	☐	☐	☐	☐
Total Minutes Practiced this Week:_____ Daily Totals:	___	____	___	___	___	___