Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month\_\_\_\_\_\_\_\_\_  
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Week 2 Mon\_\_\_Tue\_\_\_Wed\_\_\_Thur\_\_\_Fri\_\_\_Sat\_\_\_Sun\_\_\_ Total Hours\_\_\_ Minutes\_\_\_ Parent Sig.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Week 3 Mon\_\_\_Tue\_\_\_Wed\_\_\_Thur\_\_\_Fri\_\_\_Sat\_\_\_Sun\_\_\_ Total Hours\_\_\_ Minutes\_\_\_ Parent Sig.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Week 4 Mon\_\_\_Tue\_\_\_Wed\_\_\_Thur\_\_\_Fri\_\_\_Sat\_\_\_Sun\_\_\_ Total Hours\_\_\_ Minutes\_\_\_ Parent Sig.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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| **Class Sight-Reading** | |  |  |  |  | **Region Choir/All State Sight-Reading** | | | |
| **Date** | **Time** | **# of Notes** | **Total** |  |  | **Date** | **Score** |  |  |
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