



# the flying irish studio



Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Day & Date \_\_\_\_\_ Time Spent: \_\_\_\_\_

What I practiced:

What needs more work/assistance:

Day & Date \_\_\_\_\_ Time Spent: \_\_\_\_\_

What I practiced:

What needs more work/assistance:

Day & Date \_\_\_\_\_ Time Spent: \_\_\_\_\_

What I practiced:

What needs more work/assistance:

Day & Date \_\_\_\_\_ Time Spent: \_\_\_\_\_

What I practiced:

What needs more work/assistance:

Day & Date \_\_\_\_\_ Time Spent: \_\_\_\_\_

What I practiced:

What needs more work/assistance: