

**WEEKLY PRIVATE LESSON VERIFICATION FORM**

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

Private Lesson Teacher Signature: \_\_\_\_\_

Date of Lesson: \_\_\_\_\_

Weekly Lesson Materials & Assignments: \_\_\_\_\_

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Lesson Reflection: \_\_\_\_\_

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Practice Goals for the Week: \_\_\_\_\_

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**Practice Time**

Friday      Saturday      Sunday      Monday      Tuesday      Wednesday      Thursday

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Student Signature \_\_\_\_\_

\_\_\_\_\_ I did not have a lesson this week. Reason: \_\_\_\_\_

\_\_\_\_\_