

Step 1: Identify & Decide OMGs



Name:

Instrument:

Class Period:

Date:

IDENTIFY an Area of study	DECIDE: What musical goal were you working on?	ANALYZE: Were you successful?	What will you do in the future with this activity to improve even more?
Spot 1 Title: Measures:	<input type="checkbox"/> Fingerings <input type="checkbox"/> Intonation <input type="checkbox"/> Rhythm <input type="checkbox"/> Tempo <input type="checkbox"/> Tone <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics/Phrasing <input type="checkbox"/> Posture	<input type="checkbox"/> Yes, I have mastered this concept <input type="checkbox"/> I'm improving but this still needs work <input type="checkbox"/> No, I need to try something else, or get help on this spot	
Spot 2 Title: Measures:	<input type="checkbox"/> Fingerings <input type="checkbox"/> Intonation <input type="checkbox"/> Rhythm <input type="checkbox"/> Tempo <input type="checkbox"/> Tone <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics/Phrasing <input type="checkbox"/> Posture	<input type="checkbox"/> Yes, I have mastered this concept <input type="checkbox"/> I'm improving but this still needs work <input type="checkbox"/> No, I need to try something else, or get help on this spot	
Spot 3 Title: Measures:	<input type="checkbox"/> Fingerings <input type="checkbox"/> Intonation <input type="checkbox"/> Rhythm <input type="checkbox"/> Tempo <input type="checkbox"/> Tone <input type="checkbox"/> Articulation <input type="checkbox"/> Dynamics/Phrasing <input type="checkbox"/> Posture	<input type="checkbox"/> Yes, I have mastered this concept <input type="checkbox"/> I'm improving but this still needs work <input type="checkbox"/> No, I need to try something else, or get help on this spot	
Total Time Spent Practicing today:	Warm-ups, other things I worked on, thoughts, questions, comments....		