Name: ____ Period ____________

August Listening Log

Remember:

- ✓ Parent signature is required once a week
- ✓ 45 minutes of listening PER week
- ✓ Due **AUGUST 30th**
- ✓ Please skip a line between each week of listening
- ✓ TOTAL the amount of listening you do for EACH WEEK
- ✓ You should have a total of 4 weeks

DATE	**COMPOSER**	**PIECE**	**LENGTH**	**PARENT/GUARDIAN SIGNATURE**