

## TRAINING PLAN WORKSHEET

### SECTION I – PERSONAL INFORMATION

CAPID	NAME (Last, First MI)	PHONE	E-MAIL
UNIT CHARTER	UNIT NAME	DATE JOINED CAP	TARGET DATE

### SECTION II – MENTOR SESSIONS LOG

MENTOR SESSION 1 DATE	DELIVERY METHOD <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person <input type="checkbox"/> Other	REMARKS/UNANSWERED QUESTIONS/ETC
MENTOR SESSION 2 DATE	DELIVERY METHOD <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person <input type="checkbox"/> Other	REMARKS/UNANSWERED QUESTIONS/ETC

### SECTION III – INSTRUCTOR & CHECK PILOT INFORMATION

NAME (LAST, FIRST)	PHONE	E-MAIL	QUAL <input type="checkbox"/> IP <input type="checkbox"/> CP
NAME (LAST, FIRST)	PHONE	E-MAIL	QUAL <input type="checkbox"/> IP <input type="checkbox"/> CP
NAME (LAST, FIRST)	PHONE	E-MAIL	QUAL <input type="checkbox"/> IP <input type="checkbox"/> CP

### SECTION IV – MENTOR RECOMMENDATIONS BEFORE FLIGHT EVALUATION

### SECTION V – TRAINING PLAN

INSTRUMENT RATED	HIGH PERFORMANCE	G1000	PRE FORM 5	EVALUATION TO FLY

REMARKS

### SECTION VI – WING STANDARDIZATION/EVALUATION OFFICER (DOV) REVIEW FOR G1000

Are G1000 privileges sought:     YES – Complete Section VI     NO – Skip Section VI, Continue to Section VII

In accordance with CAPR 70-1, *CAP Flight Management*, para 5.1.1.3.1., I have reviewed the documentation presented and discussed the mentee's relevant G1000 experience. Based on this review, the following course of action is deemed appropriate:

IN-HOUSE SYLLABUS REQUIRED	IN-HOUSE SYLLABUS NOT REQUIRED
<input type="checkbox"/> Completion of the CAP in-house G1000 transition syllabus is required before the member may complete a Form 5 with G1000 privileges (VFR or IFR).	<input type="checkbox"/> The presented documentation of past training and experience in G1000 aircraft is satisfactory and the member may complete a Form 5 with G1000 privileges (VFR or IFR).
WING DOV NAME	WING DOV NAME
DATE OF REVIEW	DATE OF REVIEW

### SECTION VII – FLIGHT EVALUATION & COMPLETION SURVEY

DATE OF FORM 5	CHECK PILOT	AIRCRAFT TYPE	OUTCOME	REMARKS		
ENDORSEMENTS <input type="checkbox"/> G1000 VFR <input type="checkbox"/> G1000 IFR <input type="checkbox"/> TURBO <input type="checkbox"/> HIGH PERFORMANCE <input type="checkbox"/> COMPLEX DEMO <input type="checkbox"/> MOUNTAIN FLIGHT <input type="checkbox"/> INSTRUMENT DEMO <input type="checkbox"/> ORIENTATION PILOT			DATE MENTOR ASSIGNED	DAYS/#1	DAYS/#2	DAYS/F5
			90 DAY TARGET MET <input type="checkbox"/> YES <input type="checkbox"/> NO	CAUSE OF EXCEEDING 90 DAYS <input type="checkbox"/> CAP <input type="checkbox"/> MEMBER		

## NEW PILOT EXPERIENCE SURVEY & QUALIFICATION WORKSHEET

### SECTION I – PERSONAL INFORMATION

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UNIT CHARTER	UNIT NAME	DATE JOINED CAP	TARGET DATE

### SECTION II – AIRMAN QUALIFICATIONS

CERTIFICATES/RATINGS/ENDORSEMENTS	FLIGHT EXPERIENCE TYPE	FLIGHT TIME	RECENCY & KIND OF EXPERIENCE
<input type="checkbox"/> Private Pilot <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Airline Transport Pilot <input type="checkbox"/> Instrument Rating <input type="checkbox"/> High Performance Endorsement <input type="checkbox"/> Complex Endorsement <input type="checkbox"/> Multi Engine Airplane Rating <input type="checkbox"/> Flight Instructor – Airplane <input type="checkbox"/> Flight Instructor – Instrument <input type="checkbox"/> Medical (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , BM)	<input type="checkbox"/> Personal/Recreational <input type="checkbox"/> Corporate (91/135) <input type="checkbox"/> Airline (121) <input type="checkbox"/> Military <input type="checkbox"/> Other (explain Sec. IV)	TOTAL TIME	<b>Check all that apply. Use Section IV to explain:</b> <input type="checkbox"/> Flown less than 15 hrs in past 12 months <input type="checkbox"/> Flown more than 25 hrs in past 12 months <input type="checkbox"/> Have 10 hours or more in G1000 <input type="checkbox"/> Have instructed 10 hours or more in G1000 <input type="checkbox"/> Have 10 hours or more in TAA (not G1000) <input type="checkbox"/> Have instructed 10 hours or more in TAA <input type="checkbox"/> Day Current <input type="checkbox"/> Night Current <input type="checkbox"/> Instrument Current
		PIC	
		CROSS CTRY	
		<b>FLIGHT REVIEW</b>	
DATE COMPLETED			
METHOD OF COMPLETION			
<input type="checkbox"/> Flight Review <input type="checkbox"/> New Certificate <input type="checkbox"/> FAA Wings <input type="checkbox"/> Other			

### SECTION III – CAP PREREQUISITES

High Performance Airplanes	Complex Airplanes	Gippsland GA-8	G1000 Equipped Airplanes
<input type="checkbox"/> No prerequisites	<input type="checkbox"/> 100 hours <u>total PIC</u> time  <input type="checkbox"/> 10 hours PIC and 25 take-offs and landings are in complex airplanes	<input type="checkbox"/> Meet CAP High Performance  <i>Note: SAR/DR ARCHER additional requirements apply but are not necessary for Initial CAPF 5</i>	<input type="checkbox"/> Documentation Available (describe in Section IV)  <input type="checkbox"/> Experience summarization with G1000 aircraft included in remarks (Section IV)

### SECTION IV – REMARKS

INSTRUCTIONS: Provide any additional necessary to help establish a training footprint. For answers in Section II and III that indicate a remarks entry is necessary ensure a detailed response is provided.

### SECTION V – MENTOR INFORMATION

MENTOR NAME (LAST, FIRST)	PRIMARY PHONE	ALTERNATE PHONE	E-MAIL
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