

CZECH REPUBLIC

ASSESSMENT OF COMPETENCE REPORT FORM TRI(MPA), SFI(A) AoC at FSTD Applicable aircraft type: Applicant's last name: Initial issue Applicant's first name: Type of license held: Extension Number of license: Renewal State of license issue: Revalidation

ASSESSMENT OF INSTRUCTOR'S SKILLS								
1. Pre-session briefing								
1.1 Is the content of the briefing in accordance with the session program?	S⁺	S	S	F				
1.2 Designating the main task of the session program	S⁺	S	S	F				
1.3 Use of training tools (media, projector, presentation)	S⁺	S	S	F				
1.4 Time concept of the briefing	S⁺	S	S	F				
2. In-flight simulator exercises								
2.1 Session time management	S⁺	S	S	F				
2.2 Using relevant teaching methods (freeze feature, repositioning)	S⁺	S	S	F				
2.3 Liaison of ATC (RTF communication), ground staff, flight attendant	S⁺	S	S	F				
2.4 FSTD operation skills	S⁺	S	S	F				
2.5 Was the instructor able to correct all procedure discrepancies?	S⁺	S	S	F				
3. Post-flight De-briefing								
3.1 Analysis of the crews performance	S⁺	S	S	F				
3.2 Using the training tools for description of pilot errors, explaining correct procedures (manuals, media, whiteboard drawings)	S⁺	S	S	F				
3.3 Assessment of the crew / Progress criteria	S⁺	S	S	F				
3.4 Explanation of all relevant items (i.e. procedures, system operation)	S⁺	S	S	F				
4. Instructor's approach								
4.1. Motivation of the trainees	S⁺	S	S	F				
4.2 Instructor attitude (calmness, leadership)	S⁺	S	S	F				
4.3 Climate and atmosphere during the session	S⁺	S	S	F				
5. Instructor's technical skills								
5.1 Theoretical and procedure knowledge of the instructor	S⁺	S	S	F				
5.2 Instructor's administrative procedure (Recording and documentation)	S⁺	S	S	F				
5.3 Consistency of the session with the training program	S⁺	S	S	F				
Performance evaluation scale: S ⁺ above standard S standard S ⁻ below standard F failed								



CIVIL AVIATION AUTHORITY

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Observations and overal	I assess	ment of the Instr	uctor's proficiend	су:			
Trained crew (names):							
Training session* : type rating / differences / renewal / recurrent / other – specify:							
ATO or approved operator, under which the training session has been done:							
Take-off time: Landing time		Landing time:		Total time:			
Date:	e: Location:		FSTD ID:				
Passed	Failed	Signature of applicant:		cant:			
Examiner's certificate number (if applicable):		Examiner's type and number of license:					
Signature of examiner:			Name in capital letters:				

*Delete as appropriate