

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

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SECTION V – TRAINING PLAN

INSTRUMENT RATED	HIGH PERFORMANCE	G1000	PRE CAPF5*	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 60-1, *CAP Flight Management*, dated 3 May 2014, paragraph 3-6a(4)(a), 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 CAPF5 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 CAPF5 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 CAPF5	CHECK PILOT	AIRCRAFT TYPE	OUTCOME	REMARKS
ENDORSEMENTS <input type="checkbox"/> G1000 <input type="checkbox"/> INSTRUMENT DEMO <input type="checkbox"/> ORIENTATION PILOT <input type="checkbox"/> INSTRUCTOR PILOT			DATE MENTOR ASSIGNED	DAYS/#1
			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