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| **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 Virtual In-Person Other | REMARKS/UNANSWERED QUESTIONS/ETC |
| MENTOR SESSION 2 DATE | DELIVERY METHOD Virtual In-Person Other | REMARKS/UNANSWERED QUESTIONS/ETC |
| **SECTION III – INSTRUCTOR & CHECK PILOT INFORMATION** |
| NAME (LAST, FIRST) | PHONE | E-MAIL | QUALIP CP |
| NAME (LAST, FIRST) | PHONE | E-MAIL | QUALIP CP |
| NAME (LAST, FIRST) | PHONE | E-MAIL | QUALIP 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 |
|  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). |  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 | DATE OF REVIEW | WING DOV NAME | DATE OF REVIEW |
| **SECTION VII – FLIGHT EVALUATION & COMPLETION SURVEY** |
| DATE OF FORM 5 | CHECK PILOT | AIRCRAFT TYPE | OUTCOME | REMARKS |
| ENDORSEMENTS G1000 VFR G1000 IFR TURBO HIGH PERFORMANCE COMPLEX DEMO MOUNTAIN FLIGHT NSTRUMENT DEMO ORIENTATION PILOT  | DATE MENTOR ASSIGNED | DAYS/#1 | DAYS/#2 | DAYS/F5 |
| 90 DAY TARGET MET YES NO | CAUSE OF EXCEEDING 90 DAYS CAP MEMBER |
|  |  |