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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 | | | | | | | | | | | | | | QUAL  IP CP | | |
| NAME (LAST, FIRST) | | | | | | PHONE | | | | | E-MAIL | | | | | | | | | | | | | | QUAL  IP CP | | |
| NAME (LAST, FIRST) | | | | | | PHONE | | | | | E-MAIL | | | | | | | | | | | | | | QUAL  IP 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 | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |