

409 PC ASSESSMENT CHECKLIST

ADAPTED FROM A-CR-CCP-804/PG-001

CADET NAME _____ SQUADRON _____

DATE _____ FLIGHT _____

ASSESSMENT (CIRCLE ONE) NOTES	
I D C E	
LESSON PREPARATION	
LESSON PLAN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INSTRUCTIONAL AIDS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CLASSROOM / TRAINING AREA SET UP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LESSON INTRODUCTION	
REVIEW OF PREVIOUS LESSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INTRODUCTION OF LESSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LESSON BODY	
METHOD(S) OF INSTRUCTION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LEARNING ENVIRONMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EFFECTIVE USE OF INSTRUCTIONAL AIDS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SATISFACTION OF LEARNER NEEDS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACCURACY OF LESSON CONTENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TP CONFIRMATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
END OF LESSON CONFIRMATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LESSON CONCLUSION		
LESSON SUMMARY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
RE-MOTIVATION STATEMENT	<input type="checkbox"/> <input type="checkbox"/>	
DESCRIPTION OF NEXT LESSON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
COMMUNICATION		
VOICE CONTROL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
BODY LANGUAGE, DRESS, DEPARTMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
QUESTIONING TECHNIQUES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TIME MANAGEMENT		
TIME MANAGEMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

I = INCOMPLETE. D = COMPLETED WITH DIFFICULTY. C = COMPLETED WITH DIFFICULTY. E = EXCEED STANDARD

ASSESSOR'S FEEDBACK

PO 409 OVERALL ASSESSMENT				
CHECK ONE	INCOMPLETE <input type="checkbox"/>	COMPLETED WITH DIFFICULTY <input type="checkbox"/>	COMPLETED WITHOUT DIFFICULTY <input type="checkbox"/>	EXCEEDED STANDARD <input type="checkbox"/>
OVERALL PERFORMANCE	The cadet has not achieved the performance standard by receiving an "incomplete" on more than three of the criteria.	The cadet has achieved the performance standard by receiving an "incomplete" on not more than three of the criteria and a minimum of "completed with difficulty" on all other criteria.	The cadet has achieved the performance standard by receiving a minimum of "completed with difficulty" on all criteria and "completed with difficulty" on 10 or more of the criteria.	The cadet has achieved the performance standard by receiving a minimum of "completed without difficulty" on all criteria and "exceeded standard" on 7 or more of the criteria.

ASSESSOR'S NAME:

POSITION:

ASSESSOR'S SIGNATURE:

DATE: