Date:	****Final Phase Check****
Member Name:	Instructor Name:
Member Number:	Check Pilot Name:
Aircraft "N" Number:	Flight Duration (Hobbs):

Grading Scale: 1 = Within 1/4 PTS 2 = Within 1/2 PTS 3 = Within PTS
4 = Outside PTS but corrects 5 = Outside PTS but doesn't correct

Ground Subject Areas

A/C Documents	1	2	3	4	5	Emergency Procedures	1	2	3	4	5
A/C Performance (TOLD)	1	2	3	4	5	Cross Country Flight Planning	1	2	3	4	5
Pilot Documents	1	2	3	4	5	Airport Markings & Lighting	1	2	3	4	5
FAR's	1	2	3	4	5	Weather	1	2	3	4	5
Aircraft Systems/Malfunctions	1	2	3	4	5	Aerodynamics	1	2	3	4	5

Notes:

Average hours ground brief per lesson:

Flight Subject Areas

Pre-Flight Inspection	1	2	3	4	5	Emergency Procedures	1	2	3	4	5
Ground Operations/X-Wind Taxi	1	2	3	4	5	NAVLOG Usage	1	2	3	4	5
_____ T/O & Climb	1	2	3	4	5	Power-On Stalls (Straight & Turning)	1	2	3	4	5
_____ T/O & Climb	1	2	3	4	5	Power-Off Stalls (Straight & Turning)	1	2	3	4	5
Straight & Level Flight	1	2	3	4	5	Navigation: Pilotage, Radio, Ded Reck.	1	2	3	4	5
Climbs, Turns, Descents	1	2	3	4	5	_____ Approach & Landing	1	2	3	4	5
Constant A/S Climbs & Descents	1	2	3	4	5	_____ Approach & Landing	1	2	3	4	5
Constant Altitude Turns	1	2	3	4	5	Rejected Landing	1	2	3	4	5
Slow Flight	1	2	3	4	5	Traffic Pattern Operations	1	2	3	4	5
Slips	1	2	3	4	5	Checklist Usage	1	2	3	4	5
Steep Turns	1	2	3	4	5	Radio Communications Procedures	1	2	3	4	5
Ground Reference Maneuvers	1	2	3	4	5	Unusual Attitudes	1	2	3	4	5
Simulated Instrument (Hood)	1	2	3	4	5	Post Flight Operations	1	2	3	4	5

Notes:

Recheck Required: YES ☐ NO ☐

Member Signature:	**Check Pilot Signature:**

Revised 03-07-05