

ATC INSTRUCTION/EVALUATION REPORT

1. Name		2. Date	3. Position(s)	4. Hours / %
5. Weather <input type="checkbox"/> VFR <input type="checkbox"/> MVFR <input type="checkbox"/> IFR <input type="checkbox"/> Other _____	6. Workload <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	7. Complexity <input type="checkbox"/> Not Difficult <input type="checkbox"/> Occasionally Difficult <input type="checkbox"/> Mostly Difficult <input type="checkbox"/> Very Difficult		8. Routing FWO _____ BC _____ TC _____ TSS _____

9. Purpose OJT Scenario Skill Check Qualification Classroom Other _____

10.	Job Task	Job Subtask	Satisfactory	Needs Improvement	Unsatisfactory
Performance	A. Separation	1. Separation is ensured			
		2. Safety alerts are provided			
	B. Control Judgment	1. Awareness is maintained			
		2. Good control judgment applied			
		3. Priority of duties is understood			
		4. Control actions correctly planned			
		5. Positive control of situation provided			
	C. Traffic Management	1. Prompt action taken to correct errors			
		2. Effective traffic flow maintained			
		3. Aircraft identification maintained			
		4. Professional manner is maintained			
	D. Operating Methods and Procedures	1. Flight strip postings complete / correct			
		2. Clearances complete / correct / timely			
		3. LOA's / LOP's / Directives adhered to			
		4. Navigational assistance is provided			
		5. Weather information is provided			
		6. Handoff procedures correct / timely			
	E. Coordination and Communication	1. Traffic advisories correct / timely			
		2. Coordination thorough / timely			
		3. Communication is clear / concise			
		4. Makes necessary transmissions			
		5. Relief briefings complete and accurate			
	F. Phraseology	1. Standard phraseology is adhered to			
		2. Voice quality / Speech rate			
	G. Equipment	1. Equipment status information maintained			
		2. Computer entries correct			
		3. Adjustment of control display correct			
		4. Capabilities fully utilized / understood			
H. Other (Specify)	1.				
	2.				

11. Comments	11A. References

Signature: _____ Date: _____

12. Recommendation	<input type="checkbox"/> Qualification Skill Check <input type="checkbox"/> Continuation of OJT	<input type="checkbox"/> Qualification <input type="checkbox"/> Skill Enhancement Training	<input type="checkbox"/> Suspension of OJT
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13. Employee's Comments:

This report has been discussed
With me (Signature) _____ Date: _____

14. Qualification/Requalification
I certify that this employee meets qualification requirements and is capable of working under general supervision.

Signature of Examiner: _____ Date: _____