## **409 PC ASSESSMENT CHECKLIST**

Cadet's Name:									
Date:		Flight:							
	Assessment (circle one)	Notes							
Lesson Preparation									
Lesson Plan	I D C E								
Instructional aids	IDCE								
Classroom / training area set up	I D C								
Lesson Introduction									
Review of previous lesson (if applicable)	I D C								
Introduction of lesson	IDCE								
		Lesson Body							
Method(s) of instruction	IDC								
Learning environment	IDCE								
Effective use of instructional aids	I D C								
Satisfaction of learner needs	IDCE								
Accuracy of lesson content	IDCE								
TP confirmation	I D C E								
End of lesson confirmation	I D C E								
		Lesson Conclusion							
Lesson summary	I D C								
Re-motivation	I C								
Description of next lesson	I D C								

I = Incomplete D = Completed With Difficulty C = Completed Without Difficulty E = Exceeded Standard

	Assessment (circle one)	Notes						
Communication								
Voice control	IDCE							
Body language, dress and deportment	I D C E							
Questioning techniques	I D C							
Time Management								
Time management	I D C							

I = Incomplete D = Completed With Difficulty C = Completed Without Difficulty E = Exceeded Standard

## Assessor's Feedback:

	PO 409 Overall Assessment							
Check One	Incomplete		Completed With Difficulty		Completed Without Difficulty		Exceeded Standard	
Overall	The cadet has not		The cadet has		The cadet has		The cadet has	
Performance	achieved the		achieved the		achieved the		achieved the	
	performance		performance		performance		performance	
	standard by		standard by		standard by		standard by	
	receiving an		receiving an		receiving a minimu	ım	receiving a minimu	um
	"incomplete" on more		"incomplete" on not		of "completed with		of "completed	
	than three of the		more than three of		difficulty" on all		without difficulty" on	
	criteria.		the criteria and a		criteria and		all criteria and	
			minimum of		"completed withou	t	"exceeded standa	rd"
			"completed with		difficulty" on 10 or		on 7 or more of the	e l
			difficulty" on all oth	er	more of the criteria		criteria.	
			criteria.					

Assessor's Name:	Position:
Assessor's Signature:	Date:

This form shall be reproduced locally.