

APPENDIX I

OJT INSTRUCTOR CERTIFICATION / EVALUATION FORM

NAME: [REDACTED] DATE: 4/1/2011 AREA/TEAM: B5

THIS REPORT IS A/VAN: 6 MONTH EVALUATION
 CHECK ONE INITIAL 30 DAY EVALUATION
 30 DAY EVALUATION AFTER RESUMPTION OF OJT-I DUTIES*
 RECERTIFICATION

ROUTING:
 CHECK BOX AND FORWARD
 OPS MANAGER [REDACTED]
 ZNY-17C
 ZNY-17

OJT DUTIES ARE:
 NONE
 INACTIVE
 SUSPENDED
 REVOKED

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE FOLLOWING POSITIONS (LIST):

FRONT LINE MANAGER [REDACTED] DATE 4/1/2011
 SIGNATURE [REDACTED]

COMPLETE THIS SECTION FOR EVALUATIONS

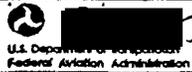
(Observe while performing OJT-I duties)	Satisfactory	Needs Improvement	Unsatisfactory
Position on which developmental receiving OJT			
1. Reviewed developmental's training history.	X		
2. OJT pre-brief accomplished.	X		
3. Attentiveness during OJT session.	X		
4. Instruction methods - objectivity, human relation skills, etc.	X		
5. Feedback was timely and constructive.	X		
6. Identified strengths, positive reinforcement.	X		
7. Suggestions to improve provided.	X		
8. Completed FAA Form 3120-25 correctly.	X		
9. Discussed session with developmental.	X		

NOTE. A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify.

Comments:

OJT-I Signature [REDACTED] Date: 4-1-11
 FLM Signature [REDACTED] Date: 4/1/2011

NOTE* If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJT-I duties (FAA Order 3120.4J 3-3 para c)



JL

ATCT/ARTCC OJT INSTRUCTION/EVALUATION REPORT

1. Name [Redacted] 2. Date 4-1-11 3. Scenario/Position(s) R53

4. Weather: VFR, MVFR, IFR, Other
 5. Workload: Light, Moderate, Heavy
 6. Complexity: Not Difficult, Occasionally Difficult, Mostly Difficult, Very Difficult
 7. Hours 4+36
 8. Total Hours This Position 66+17 &

9. Purpose: OJT, OJF, Familiarization Scenario, Instructional Scenario, Evaluation Scenario, Skill Check, Certification, Recertification, Skill Enhancement, Other
 10. Routing FF

11.	Job Task	Job Subtask	Observed	Comment	Satisfactory	Needs Improvement	Unsatisfactory	Simulation Training
A. Separation		1. Separation is ensured.	✓					
		2. Safety alerts are provided.	✓					
B. Coordination		3. Performs handoffs/pointouts.	✓					
		4. Required coordinations are performed.	✓					
C. Control Judgment		5. Good control judgment is applied.	✓					
		6. Priority of duties is understood.	✓					
		7. Positive control is provided.		✓				
		8. Effective traffic flow is maintained.	✓					
D. Methods and Procedures		9. Aircraft identity is maintained.	✓					
		10. Strip posting is complete/correct.	MA					
		11. Clearance delivery is complete/correct and timely.	✓					
		12. LOAs/directives are adhered to.	✓					
		13. Additional services are provided.	✓					
		14. Rapidly recovers from equipment failures and emergencies.		✓				
		15. Scans entire control environment.		✓				
		16. Effective working speed is maintained.		✓				
E. Equipment		17. Equipment status information is maintained.	✓					
		18. Equipment capabilities are utilized/understood.	✓					
F. Communication		19. Functions effectively as a radar/tower team member.	✓					
		20. Communication is clear and concise.		✓				
		21. Uses prescribed phraseology.	✓					
		22. Makes only necessary transmissions.	✓					
		23. Uses appropriate communications method.	✓					
		24. Relief briefings are complete and accurate.	✓					
G. Other								

12. Comments

12A. References

Friday nite traffic with some pretty good pushes.

1) Make sure you put the right Alt in for the right Alt. This can be dangerous if you don't catch it right away.

2) E33119 @ clpk - AAU with a critical solder on board. [redacted] had to move a lot of Alt to accommodate this during a busy push. D-d a good job,

3) AT times [redacted] Sean feel behind he got a little involved in Alt near the bottom of his Airspace, push yourself to Sean. When routing is different between computer and what the pilot has. Be A controller ~~not~~ Recheck Alt to the routing you have. don't Ask The Pilot. Assign what you need. this will save ~~the~~ much needed time.

[redacted] Asked for a "H" in plenty of time. This is a good sign. Anton overall did a good job. Keep working to improve.

Signature: _____

Date: 4-1-11

13. Recommendation:

- Certification Skill Check
- Certification
- Continuation of OJT
- Skill Enhancement Training
- Suspension of OJT

14. Employee's Comments:

This report has been discussed with me (Signature) _____

Date: 04/1/11

15. Certification/Recertification:

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

Signature of Certifier: _____

Date: _____

1836-2023 1+47

2108-2232 1+24

2330-0055 1+25

4+36

OJT INSTRUCTOR CERTIFICATION / EVALUATION FORM

NAME: [REDACTED] DATE: 4/10/2011 AREA/TEAM: B1

THIS REPORT IS A/AN: 6 MONTH EVALUATION
 CHECK ONE INITIAL 30 DAY EVALUATION
 30 DAY EVALUATION AFTER RESUMPTION OF OJTI DUTIES*
 RECERTIFICATION

ROUTING:
 CHECK BOX AND FORWARD
 OPS MANAGER
 ZNY-17C
 ZNY-17

OJTI DUTIES ARE
 CHECK ONE INACTIVE
 SUSPENDED
 REVOKED

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE FOLLOWING POSITIONS (LIST) :

FRONT LINE MANAGER
 SIGNATURE _____ DATE 4/10/2011

COMPLETE THIS SECTION FOR EVALUATIONS

(Observe while performing OJT-I duties.) Position on which developmental receiving OJT	Satisfactory	Needs Improvement	Unsatisfactory
1. Reviewed developmental's training history.	X		
2. OJT pre-brief accomplished.	X		
3. Attentiveness during OJT session.	X		
4. Instruction methods - objectivity, human relation skills, etc.	X		
5. Feedback was timely and constructive.	X		
6. Identified strengths, positive reinforcement.	X		
7. Suggestions to improve provided.	X		
8. Completed FAA Form 3120-25 correctly.	X		
9. Discussed session with developmental.	X		

NOTE: A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify.

Comments: Nice job suggesting alternative headings & thank you for turning down breaks

OJTI Signature [REDACTED] Date: 4/10/2011
 FLM Signature [REDACTED] Date: 4/10/2011

NOTE* If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJTI duties (FAA Order 3120.4J 3-3 para c).

ATCT/ARTCC OJT
INSTRUCTION/EVALUATION REPORT

+38/+37

1. Name [Redacted] 2. Date 4/10/11 3. Scenario/Position(s) R/RA 68

4. Weather: VFR, MVFR, IFR, Other
 5. Workload: Light, Moderate, Heavy
 6. Complexity: Not Difficult, Occasionally Difficult, Mostly Difficult, Very Difficult
 7. Hours 1215
 8. Total Hours This Position 20+40/22+54

9. Purpose: OJT, OJF, Familiarization Scenario, Instructional Scenario, Evaluation Scenario
 Skill Check, Certification, Recertification, Skill Enhancement, Other
 10. Routing [Signature]

11. Performance	Job Task	Job Subtask	Observed	Comment	Satisfactory	Needs Improvement	Unsatisfactory	Simulation Training
Performance	A. Separation	1. Separation is ensured.	✓					
		2. Safety alerts are provided.	✓					
	B. Coordination	3. Performs handoffs/pointouts.	✓					
		4. Required coordinations are performed.	✓					
	C. Control Judgment	5. Good control judgment is applied.	✓					
		6. Priority of duties is understood.	✓					
		7. Positive control is provided.	✓					
		8. Effective traffic flow is maintained.	✓					
	D. Methods and Procedures	9. Aircraft identify is maintained.	✓					
		10. Strip posting is complete/correct.	N/A					
		11. Clearance delivery is complete/correct and timely.	✓					
		12. LOAs/directives are adhered to.	✓					
		13. Additional services are provided.	✓					
		14. Rapidly recovers from equipment failures and emergencies.	N/A					
		15. Scans entire control environment.	✓					
	E. Equipment	16. Effective working speed is maintained.	✓					
		17. Equipment status information is maintained.	✓					
	F. Communication	18. Equipment capabilities are utilized/understood.	✓					
		19. Functions effectively as a radar/tower team member.	✓					
	G. Other	20. Communication is clear and concise.	✓					
		21. Uses prescribed phraseology.	✓					
		22. Makes only necessary transmissions.	✓					
		23. Uses appropriate communications method.	✓					
		24. Relief briefings are complete and accurate.	✓					

OJT INSTRUCTOR CERTIFICATION/EVALUATION FORM

NAME: [REDACTED] DATE: 5/8/11 AREA/TEAM: C

THIS REPORT IS A/AN:

- CHECK ONE
- INITIAL 30 DAY EVALUATION
 - 30 DAY EVALUATION AFTER
 - RESUMPTION OF OJT DUTIES*
 - SIX MONTH EVALUATION

ROUTING:

- CHECK BOX AND FORWARD
- OPS MANAGER
 - ZNY-17C
 - ZNY-17

OJT DUTIES ARE

- INACTIVE
- SUSPENDED
- REVOKED

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE FOLLOWING POSITIONS (LIST):

SIGNATURE OF SUPERVISOR [REDACTED] DATE 5/8/11

COMPLETE THIS SECTION FOR EVALUATIONS

(Observe while performing OJT-I duties) Position on which developmental receiving OJT	Satisfactory	Needs Improvement	Unsatisfactory
1. Reviewed developmental's training history.			
2. OJT pre-brief accomplished.			
3. Attentiveness during OJT session.			
4. Instruction methods - objectivity, human relation skills, etc.			
5. Feedback was timely and constructive.			
6. Identified strengths, positive reinforcement.			
7. Suggestions to improve provided.			
8. Completed FAA Form 3120-25 correctly.			
9. Discussed session with developmental.			

NOTE: A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify

Comments:

OJT-I Signature [REDACTED] Date: 5/8/11

OS Signature [REDACTED] Date: 5/8/11

*NOTE: If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJT duties (FAA Order 3120.4J 3-3 par c.)

ATCT/ARTCC OJT
INSTRUCTION/EVALUATION REPORT

1. Name [Redacted] 2. Date 5-8-11 3. Scenario/Position (\$) R 49

4. Weather VFR MVFR IFR Other

5. Workload Light Moderate Heavy

6. Complexity Not Difficult Occasionally Difficult Mostly Difficult Very Difficult

7. Hours 0152

8. Total Hours This Position 3+51 a

9. Purpose OJT OJF Familiarization Scenario Instructional Scenario Evaluation Scenario Skill Check Certification Recertification Skill Enhancement Other

10. Routing [Signature]

11.	Job Task	Job Subtask	Observed	Comment	Performance			Simulation Training
					Satisfactory	Needs Improvement	Unsatisfactory	
Performance	A. Separation	1. Separation is ensured.	✓					
		2. Safety alerts are provided.	✓					
	B. Coordination	3. Performs handoffs/pointouts.	✓					
		4. Required coordinations are performed.	✓					
	C. Control Judgment	5. Good control judgment is applied.	✓					
		6. Priority of duties is understood.	✓					
		7. Positive control is provided.	✓					
	D. Methods and Procedures	8. Effective traffic flow is maintained.	✓					
		9. Aircraft identity is maintained.	✓					
		10. Strip posting is complete/correct.	W/A					
		11. Clearance delivery is complete/correct and timely.	✓					
		12. LOAs/directives are adhered to.	✓					
	E. Equipment	13. Additional services are provided.	✓					
		14. Rapidly recovers from equipment failures and emergencies.	W/O					
		15. Scans entire control environment.	✓					
		16. Effective working speed is maintained.	✓					
F. Communication	17. Equipment status information is maintained.	✓						
	18. Equipment capabilities are utilized/understood.	✓						
	19. Functions effectively as a radar/tower team member.	✓						
	20. Communication is clear and concise.	✓						
G. Other	21. Uses prescribed phraseology.	✓						
	22. Makes only necessary transmissions.	✓						
	23. Uses appropriate communications method.	✓						
	24. Relief briefings are complete and accurate.	✓						
G. Other	25. Visual Separation is applied correctly.	W/A						

First time back at A-49 after
a long period of time. Did
very well with light traffic

#58

Signature

[Redacted Signature]

Date:

5-8-11

13. Recommendation

Certification Skill Check

Certification

Continuation of OJT

Skill Enhancement Training

Suspension of OJT

14. Employee's Comments:

This report has been discussed
with me (Signature)

[Redacted Signature]

Date:

5-8-11

15. Certification/Recertification

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

Signature of Certifier:

Date:

OJT INSTRUCTOR CERTIFICATION / EVALUATION FORM

NAME: [REDACTED] DATE: 03/17/11 AREA/TEAM: D/3

THIS REPORT IS A/AN: 6 MONTH EVALUATION
 CHECK ONE INITIAL 30 DAY EVALUATION
 30 DAY EVALUATION AFTER
 RESUMPTION OF OJTI DUTIES*
 RECERTIFICATION

ROUTING: CHECK BOX AND FORWARD
 OPS MANAGER
 ZNY-17C
 ZNY-17

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE FOLLOWING POSITIONS (LIST):

FRONT LINE MANAGER SIGNATURE _____ DATE _____

COMPLETE THIS SECTION FOR EVALUATIONS

(Observe while performing OJT-I duties) Position on which developmental receiving OJT	Satisfactory	Needs Improvement	Unsatisfactory
1. Reviewed developmental's training history.	✓		
2. OJT pre-brief accomplished.	✓		
3. Attentiveness during OJT session.	✓		
4. Instruction methods - objectivity, human relation skills, etc.	✓		
5. Feedback was timely and constructive.	✓		
6. Identified strengths, positive reinforcement.	✓		
7. Suggestions to improve provided.	✓		
8. Completed FAA Form 3120-25 correctly.	✓		
9. Discussed session with developmental.	✓		

NOTE: A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify.

Comments:

OJTI Signature [REDACTED] Date: 3/17/11

FLM Signature [REDACTED] Date: 03/17/11

NOTE* If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJTI duties (FAA Order 3120.4J 3-3 para c).

ATCT/ARTCC OJT
INSTRUCTION/EVALUATION REPORT

1 Name [REDACTED]		2 Date 03-16-11	3 Scenario/Position(s) RA73
4 Weather <input checked="" type="checkbox"/> VFR <input type="checkbox"/> MVFR <input type="checkbox"/> IFR <input type="checkbox"/> Other		5 Workload <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy	6 Complexity <input type="checkbox"/> Not Difficult <input checked="" type="checkbox"/> Occasionally Difficult <input type="checkbox"/> Mostly Difficult <input type="checkbox"/> Very Difficult
9 Purpose <input checked="" type="checkbox"/> OJT <input type="checkbox"/> OJF <input type="checkbox"/> Familiarization Scenario <input type="checkbox"/> Instructional Scenario <input type="checkbox"/> Evaluation Scenario <input type="checkbox"/> Skill Check <input type="checkbox"/> Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Skill Enhancement <input type="checkbox"/> Other		7 Hours ac 4+37 4+17	8 Total Hours This Position 155+30 ac
10 Routing			(Signature)

11	Job Task	Job Subtask	Observed	Comment	Satisfactory	Needs Improvement	Unsatisfactory	Simulation Training
A	Separation	1 Separation is ensured		X				
		2 Safety alerts are provided	X					
B	Coordination	3 Performs handoffs/pointouts	X					
		4 Required coordinations are performed		X				
C	Control Judgement	5 Good control judgement is applied		X				
		6 Priority of duties is understood		X				
		7 Positive control is provided		X				
		8 Effective traffic flow is maintained	X					
D	Methods and Procedures	9 Aircraft identity is maintained	X					
		10 Strip posting is complete/correct	NA					
		11 Clearance delivery is complete/correct and timely	NA					
		12 LOAs/directives are adhered to	X					
		13 Additional services are provided	X					
		14 Rapidly recovers from equipment failures and emergencies	NA					
		15 Scans entire control environment		X				
E	Equipment	16 Effective working speed is maintained	X					
		17 Equipment status information is maintained	X					
F	Communication	18 Equipment capabilities are utilized/understood	X					
		19 Functions effectively as a radar/tower team member	X					
		20 Communication is clear and concise	X					
		21 Uses prescribed phraseology	X					
		22 Makes only necessary transmissions	X					
		23 Uses appropriate communications method	X					
G	Other	24 Relief briefings are complete and accurate	X					
		25 Visual Separation is applied correctly	NA					

1837-2031-1+24 1+39 2304-43
2044-2158 1+14

12 Comments

12A References

Light to moderate traffic and complexity.

3 separate errors today - 1st CHQ 5829 westbound at FL220
 Took a holdoff on DTAG 131 descending to FL220 in conflict. Called
 TS after we took the holdoff to separate the traffic.

2nd CHQ 5828 FL 220 west and BTA 3141 descending southbound
 As FL 220 Radar controller needed to expedite the BTA through
 the CHQ.

3rd CHQ 5855 at FL 320 direct BSB. Took holdoff on SKW 6031K
 out of P1240 climbing to FL 350. Radar vector lines out and they
 were clear. However the SKW kept picking up speed. Radar
 controller had to turn the SKW to help separation. You need to
 continue ~~and~~ monitoring the sector and reevaluating everything.

Keep scanning the sector the same way all the time.
 You forget to tell sector TS that an aircraft was given them
 was flying at a reduced speed.

Signature



Date: 3-15-11

13. Recommendation Certification Skill Check Certification
 Continuation of OJT Skill Enhancement Training Suspension of OJT

14 Employee's Comments

This report has been discussed with me (Signature



Date: 03-16-11

15. Certification/Recertification

I certify that this employee meets qualification requirements and is capable of working under general supervision

Signature of Certifier

Date

OJT INSTRUCTOR CERTIFICATION/EVALUATION FORM

NAME: [REDACTED] DATE 1/4/2011 AREA/TEAM: A1

THIS REPORT IS A/VAN:

- CHECK ONE
- Semi Annual OJT-I Eval
 - 30 DAY EVALUATION AFTER RESUMPTION OF OJT-I DUTIES*
 - RECERTIFICATION

OJT-I DUTIES ARE:

- CHECK ONE
- INACTIVE
 - SUSPENDED
 - REVOKED

ROUTING:

- CHECK BOX AND FORWARD
- OPS MANAGER [REDACTED]
 - ZNY-17C
 - ZNY-17

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE **FOLLOWING POSITIONS (LIST)**:

SIGNATURE OF SUPERVISOR _____ DATE _____

COMPLETE THIS SECTION FOR EVALUATION

(Observe while performing OJT-I duties)	Satisfactory	Needs Improvement	Unsatisfactory
Position on which developmental receiving OJT r25/ra25			
1. Reviewed developmental's training history.	X		
2. OJT pre-brief accomplished.	X		
3. Attentiveness during OJT session.	X		
4. Instruction methods - objectivity, human relation skills, etc.	X		
5. Feedback was timely and constructive.	X		
6. Identified strengths, positive reinforcement.	X		
7. Suggestions to improve provided.	X		
8. Completed FAA Form 3120-25 correctly.	X		
9. Discussed session with developmental.	X		

NOTE. A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify.

Comments:

OJT-I Signature

[REDACTED SIGNATURE]

Date: 1/4/2011

OS Signature

[REDACTED SIGNATURE]

Date: 1/4/2011

NOTE* If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJT-I duties (FAA Order 3120 4J 3-3 para c)

2144 2058

ATCT/ARTCC OJT INSTRUCTION/EVALUATION REPORT

+37 / +37

1 Name [Redacted]		2 Date 1/4/11	3 Scenario/Position(s) R25/R25	
4 Weather <input checked="" type="checkbox"/> VFR <input type="checkbox"/> MVFR <input type="checkbox"/> IFR <input type="checkbox"/> Other		5 Workload <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy		6 Complexity <input type="checkbox"/> Not Difficult <input checked="" type="checkbox"/> Occasionally Difficult <input type="checkbox"/> Mostly Difficult <input type="checkbox"/> Very Difficult
9 Purpose <input checked="" type="checkbox"/> OJT <input type="checkbox"/> OJF <input type="checkbox"/> Familiarization Scenario <input type="checkbox"/> Instructional Scenario <input type="checkbox"/> Evaluation Scenario <input type="checkbox"/> Skill Check <input type="checkbox"/> Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Skill Enhancement <input type="checkbox"/> Other			7 Hours 114	
				8 Total Hours This Position 1129/1128 OC
				10 Routing SY

Performance	11		Observed	Comment	Satisfactory	Needs Improvement	Unsatisfactory	Simulation Training	
	Job Task	Job Subtask							
	A Separation	1 Separation is ensured		✓					
		2 Safety alerts are provided		N/D					
	B Coordination	3 Performs handoffs/pointouts		✓					
		4 Required coordinations are performed		✓					
	C Control Judgment	5 Good control judgment is applied			✓				
		6 Priority of duties is understood		✓					
		7 Positive control is provided		✓					
		8 Effective traffic flow is maintained		✓					
	D Methods and Procedures	9 Aircraft identity is maintained		✓					
		10 Strip posting is complete/correct		✓					
		11 Clearance delivery is complete/correct and timely		✓					
		12 LOAs/directives are adhered to		✓					
		13 Additional services are provided		✓					
		14 Rapidly recovers from equipment failures and emergencies		N/D					
		15 Scans entire control environment			✓				
	16 Effective working speed is maintained			✓					
	E Equipment	17 Equipment status information is maintained		✓					
		18 Equipment capabilities are utilized/understood		✓					
	F Communication	19 Functions effectively as a radar/tower team member		✓					
		20 Communication is clear and concise		✓					
		21 Uses prescribed phraseology		✓					
		22 Makes only necessary transmissions		✓					
		23 Uses appropriate communications method		✓					
G Other	24 Relief briefings are complete and accurate		✓						
	25 Visual Separation is applied correctly		N/D						

12. Comments

12A. References

11-C-5) [redacted] is new to sec 25, so
 11-D-15) needs to develop the scan
 & techniques for this sector.
 11-D-16) He seems to know the
 airspace, LOA's, etc & have a
 feel for what needs to happen.
 This will come with further
 exposure. Particularly: watch airspeed
 differences - very important to
 planning & separation. Remember
 to scan & divide your time around the
 sector - it's easy to get tunnel vision &
 fall behind in another quadrant.

Signature: _____

[redacted signature]

Date: _____

1/4/11

13. Recommendation

- Certification Skill Check
- Continuation of OJT

- Certification
- Skill Enhancement Training

- Suspension of OJT

14. Employee's Comments:

This report has been discussed
with me (Signature) _____

[redacted signature]

Date: _____

1/4/11

15. Certification/Recertification

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

Signature of Certifier: _____

Date: _____

OJT INSTRUCTOR CERTIFICATION/EVALUATION FORM

NAME [REDACTED] DATE 5/19/2011 AREA/TEAM A2

THIS REPORT IS A/VAN
CHECK ONE 6 Month Evaluation
 30 DAY EVALUATION AFTER RESUMPTION OF OJTI DUTIES*
 RECERTIFICATION

ROUTING
CHECK BOX AND FORWARD
 OPS MANAGER
 ZNY-17C
 ZNY-17

OJTI DUTIES ARE
CHECK ONE INACTIVE
 SUSPENDED
 REVOKED

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT I DUTIES ON THE FOLLOWING POSITIONS (LIST) ALL AREA POSITIONS

FRONT LINE MANAGER SIGNATURE _____ DATE _____

COMPLETE INSTRUCTION FOR EVALUATION		Satisfactory	Needs Improvement	Unsatisfactory
(Observe while performing OJT-I duties)	R/26			
Position on which developmental receiving OJT	R26/Malinowski			
1 Reviewed developmental's training history		X		
2 OJT pre-brief accomplished		X		
3 Attentiveness during OJT session		X		
4 Instruction methods - objectivity, human relation skills, etc		X		
5 Feedback was timely and constructive		X		
6 Identified strengths, positive reinforcement		X		
7 Suggestions to improve provided		X		
8 Completed FAA Form 3120-25 correctly		X		
9 Discussed session with developmental		X		

NOTE A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies Comments shall indicate actions required to recertify

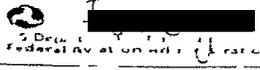
Comments

OJTI Signature [REDACTED] Date 5/19/2011

FLM Signature [REDACTED] Date 5/19/2011

NOTE* If the last evaluation has exceeded 6 months an evaluation shall be conducted within 30 days upon resumption of OJTI duties (FAA Order 3120 4J 3-3 para c)

KF



ATCT/ARTCC OJT INSTRUCTION/EVALUATION REPORT

10-6-25

1 Name: [Redacted] 2 Date: 5/16/11 3 Scenario Position(s): KAZC/RZC

4 Weather: VFR MVFR IFR Other

5 Workload: Light Moderate Heavy

6 Complexity: Not Difficult Occasionally Difficult Mostly Difficult Very Difficult

7 Hours: 6.51

8 Total Hours This Position: 8,200

9 Purpose: OJT OJF Familiarization Scenario Instructional Scenario Evaluation Scenario Skill Check Certification Recertification Skill Enhancement Other

10 Routing: GL

Performance	Job Task	Job Subtask	Observed	Comment	Satisfactory	Needs Improvement	Not Satisfactory	Special Training
Performance	A Separation	1 Separation is ensured	✓					
		2 Safety alerts are provided	✓					
	B Coordination	3 Performs handoffs/pointouts	✓					
		4 Required coordinations are performed	✓					
	C Control Judgement	5 Good control judgement is applied	✓					
		6 Priority of duties is understood	✓					
		7 Positive control is provided	✓					
		8 Effective traffic flow is maintained	✓					
	D Methods and Procedures	9 Aircraft identity is maintained	✓					
		10 Strip declina is complete/correct	✓					
		11 Clearance delivery is complete/correct and timely	✓					
		12 LOAs directives are adhered to	✓					
		13 Additional services are provided	✓					
		14 Rapidly recovers from equipment failures and emergencies	✓					
		15 Scans entire control environment	✓					
		16 Effective working speed is maintained	✓					
	E Equipment	17 Equipment status information is maintained	✓					
		18 Equipment capabilities are utilized/understood	✓					
	F Communication	19 Functions effectively as a radar/tower team member	✓					
		20 Communication is clear and concise	✓					
		21 Uses prescribed phraseology	✓					
		22 Makes only necessary transmissions	✓					
		23 Uses appropriate communications method	✓					
		24 Rel. Readings are complete and accurate	✓					
G Other	25 Visual Separation is applied correctly	✓						

12 Comments

5/16/11
LET THEM DEVIATE, JUST THE ROUTE PART
WHERE DO YOU THINK THEY MAY GO
POINT OUT OF Haverhill as 5-11-11
CAN

13 References

- APP 5-4-1
- 5-4-5
- 211
- 212
- 5-5-1
- 212

2057-2148
0151

Signature



Date

5/16/11

13. Recommendation Certification Skill Check Certification
 Continuation of OJT Skill Enhancement Training Suspension of OJT

14. Employee's Comments

This report has been discussed with me (Signature)



Date

5/16/11

15. Certification Recertification. I certify that this employee meets qualification requirements and is capable of working under general supervision

Signature of Certifier

Date

OJT INSTRUCTOR CERTIFICATION / EVALUATION FORM

NAME: [REDACTED] DATE: [REDACTED] AREA/TEAM: BRAND

THIS REPORT IS A/VAN: 6 MONTH EVALUATION
 CHECK ONE INITIAL 30 DAY EVALUATION
 30 DAY EVALUATION AFTER RESUMPTION OF OJTI DUTIES*
 RECERTIFICATION

ROUTING:
 CHECK BOX AND FORWARD
 OPS MANAGER
 ZNY-17C
 ZNY-17

OJTI DUTIES ARE
 CHECK ONE INACTIVE
 SUSPENDED
 REVOKED

COMPLETE THIS SECTION FOR INITIAL CERTIFICATION AND RECERTIFICATION

I CERTIFY THAT THIS EMPLOYEE MEETS THE QUALIFICATION REQUIREMENTS TO PERFORM OJT-I DUTIES ON THE FOLLOWING POSITIONS (LIST): R55, RA55, R39, RA39, R56, RA56, R42, RA42, R60, RA60, A
 FRONT LINE MANAGER SIGNATURE: [REDACTED] DATE: _____

COMPLETE THIS SECTION FOR EVALUATIONS

(Observe while performing OJT-I duties)	Satisfactory	Needs Improvement	Unsatisfactory
Position on which developmental receiving OJT			
1 Reviewed developmental's training history	✓		
2. OJT pre-brief accomplished	✓		
3 Attentiveness during OJT session	✓		
4 Instruction methods - objectivity, human relation skills, etc	✓		
5 Feedback was timely and constructive.	✓		
6 Identified strengths, positive reinforcement	✓		
7 Suggestions to improve provided	✓		
8. Completed FAA Form 3120-25 correctly.	✓		
9. Discussed session with developmental.	✓		

NOTE A check in the Unsatisfactory column disqualifies the employee from OJT-I duties until the employee recertifies. Comments shall indicate actions required to recertify

Comments:

OJTI Signature: [REDACTED] Date: 10/19/2010
 FLM Signature: [REDACTED] Date: 10/19/2010

NOTE* If the last evaluation has exceeded 6 months, an evaluation shall be conducted within 30 days upon resumption of OJTI duties (FAA Order 3120 4J 3-3 para c)