



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave., SW.
Washington, DC 20591

Dear General Aviation Pilot:

Congratulations on your successful completion of a Federal Aviation Administration (FAA) pilot certification practical flight test.

To better serve aviation safety, the FAA is conducting a national survey on the overall quality of flight training and testing experiences to see if they meet the FAA's current standards. Given your recent certification, we are interested in obtaining your feedback. We would like to invite you to respond to a survey either on-line via the Internet or through the enclosed paper survey. **Please choose only one method of completing the survey.**

The survey is **voluntary** and **anonymous**, so please be open and candid. The FAA's Civil Aerospace Medical Institute will process the paper surveys returned by mail. If you feel comfortable completing the survey on-line, we encourage you to do so, as it is easy to use and would reduce the time and expense required for us to process your responses. You may access the survey at: <http://www.xyant.com/2008faapilotsurvey.htm>

We ask that you do not identify yourself, your flight instructor, or your pilot examiner. If you have specific comments or questions regarding your recent flight training or testing experience, please contact the FAA Flight Standards District Office (FSDO) nearest you. For a list of locations, please visit the FSDO web site at: http://www.faa.gov/about/office_org/field_offices/fsdo/

If you elect to complete the enclosed paper copy of the survey, please return it in the envelope provided. In the event the envelope is missing, please mail your questionnaire to:

FAA Civil Aerospace Medical Institute
Flight Deck Human Factors Research Branch, AAM-510
PO Box 25082
Oklahoma City, OK 73125

This survey conforms to legal and administrative standards established by the Federal Government. The Office of Management and Budget (OMB) approved this questionnaire and gave it OMB Approval Number 2120-0696, which expires July 31, 2008.

Thank you for your assistance and feedback.

Sincerely,


James J. Ballough
Director, Flight Standards Service

Enclosure

2008 Private Pilot Airplane Single-Engine Land (P-ASEL) Assessment of Instruction and Practical Test Experiences

INSTRUCTIONS

Purpose. This survey is being administered by the Federal Aviation Administration (FAA) to General Aviation (GA) pilots who have been certificated recently for the Private Pilot Airplane Single-Engine Land (P-ASEL) category and class rating. It assesses perceptions and opinions about the quality of flight training received, and experiences during the practical test for certification. The goal of this effort is to identify areas of concern so that the FAA may affect corrections in FAA policy, guidance material, and FAA-sponsored programs in order to improve the overall quality of flight testing and certification. The information will be used by the FAA's Flight Standards organization to help evaluate the current pilot certification process.

Completing the Survey. We would like to invite you to respond to this survey either on-line via the Internet or through this paper survey. **Please choose only one method of completing the survey.** You may access the survey at: <http://www.xyant.com/2008faapilotsurvey.htm>

Please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice. If the response options do not provide a perfect fit for your unique situation, use your best judgment. If answering an item makes you uncomfortable, skip it and go to the next item. However, some items are used to route, or direct, you to different items or sections of the survey and should be answered before continuing with the survey. These items are indicated by an asterisk (*).

The Civil Aerospace Medical Institute (CAMI) adheres to Aerospace Medical Association ethical standards, public law, and federal policies for safeguarding the information submitted by participants in this survey. This information will be protected to the extent available under applicable laws and regulations and no individually identifiable information will be included in the published report. Additionally, identifying information will not be retained once the data collection is complete. All responses to survey items are **anonymous**. Only group statistics shall be used in any report. Participation in the survey is completely **voluntary**.

Completion of this survey, or any part of this survey, is **voluntary**. Responses to this survey are **anonymous** so please be open and candid. The FAA's Civil Aerospace Medical Institute will process the paper surveys returned by mail.

We ask that you do not identify yourself, your flight instructor, or your pilot examiner. If you have specific comments or questions regarding your recent flight training or testing experience, please contact the FAA Flight Standards District Office (FSDO) nearest you. For a list of locations, please visit the FSDO web site at: http://www.faa.gov/about/office_org/field_offices/fsdo/

If you elect to complete the enclosed paper copy of the survey, please return it in the envelope provided. In the event the envelope is missing, please mail your questionnaire to:

FAA Civil Aerospace Medical Institute
Flight Deck Human Factors Research Branch, AAM-510
PO Box 25082
Oklahoma City, OK 73125

Paperwork Reduction Act Statement. Note that a federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is 2120-0696, which expires July 31, 2008.

If you have any questions or concerns about this survey, please contact Katrina Avers at Katrina.Avers@faa.gov or Carla Hackworth at Carla.Hackworth@faa.gov.

Purpose. You have received this survey as a result of your recent certification for the **Private Pilot Airplane Single-Engine Land (P-ASEL) category and class rating**.

Instructions. Please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice. Some items are used to route, or direct, you to different items or sections of the survey and should be answered before continuing with the survey. These items are indicated by an asterisk (*) following the item text.

Certification Information

1. How long has it been since you completed your **most recent practical test** for the P-ASEL category and class rating? Your **most recent practical test** refers to all testing sessions that you completed with an examiner for your **P-ASEL category and class rating**. *
 - Less than 1 month
 - 1 month to less than 2 months
 - 2 months to less than 3 months
 - More than 3 months
 - I have not been certificated recently for the P-ASEL category and class rating (*Please stop here and return the survey in the envelope provided.*)
2. Which of the following most accurately describes your **most recent practical test** for the P-ASEL category and class rating? *
 - A complete test (not interrupted)
 - A partial test (continuance due to an interruption by weather, maintenance, illness, or other nonperformance-related factor)
 - A re-test (*If re-test, please stop here and return the survey in the envelope provided.*)
3. Have you ever failed a practical test for the P-ASEL category and class rating? *
 - Yes (*If yes, please stop here and return the survey in the envelope provided.*)
 - No
4. Have you ever been directed by an examiner to seek further instruction and return at a later date to complete the practical test for the P-ASEL category and class rating?
 - Yes
 - No (*If no, skip to item 5.*)

If yes, did you receive a disapproval notice ("pink" slip) or were you notified electronically?

- Yes (*If yes, please stop here and return the survey in the envelope provided.*)
- No

If you did **not** receive a disapproval notice ("pink" slip) or electronic notification, please explain.

Experiences with Pilot School/Independent Flight Instructor

Instructions: The items in this section (items 5-16) ask about your experiences with your **pilot school** or **independent flight instructor**. Please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice.

5. How did you obtain your flight training? (If both, **select the one** that provided you the most training and keep it in mind when answering the remaining items in this section.)
 - Pilot school
 - Independent flight instructor

6. Did you graduate from an FAA-approved Part 141 pilot school?
 Yes No Don't know
7. Who administered your **most recent practical test** for certification for the P-ASEL category and class rating? *
 Designated Pilot Examiner (DPE)
 Final phase check by a Part 141 pilot school employee (NOT by a DPE) *(Please stop here and return the survey in the envelope provided.)*
 Both DPE and final phase check
 Aviation Safety Inspector (ASI) *(Please stop here and return the survey in the envelope provided.)*
 Don't know *(Please stop here and return the survey in the envelope provided.)*
8. When did you obtain a copy of the FAA Practical Test Standards (PTS)?
 Before or early in training
 About half-way through training
 Latter part of training
 After training
 Did not obtain a copy of the FAA PTS *(If you did not obtain PTS, skip to item 11.)*
9. Did you use the PTS to judge your performance of the required flight maneuvers?
 Yes No
10. Did you use the PTS to determine the knowledge required for your oral (ground) examination?
 Yes No
11. Did your instructor(s) use the standards required by the PTS to measure your flight training performance?
 Yes No Don't know
12. Did your instructor(s) prepare you adequately to make a "go-around" decision when unsafe landing conditions were present?
 Yes No
13. To what extent do you feel that your instructor(s) prepared you adequately for the oral (ground) and flight portions of the practical test?
- Oral (Ground) Test**
 Not at all Limited extent Moderate extent Considerable extent Great extent
- Flight Test**
 Not at all Limited extent Moderate extent Considerable extent Great extent
14. During your training did your instructor(s) emphasize the importance of runway incursion avoidance?
 Yes No Don't know
15. During your training did your instructor(s) emphasize the importance of effective visual scanning/collision avoidance procedures?
 Yes No Don't know
16. Please rate the overall quality of your flight instruction.
 Poor Fair Good Excellent

Experiences with Practical Test Examiner

Instructions: The remaining items ask about your experiences with the **examiner** who administered the oral (ground) and flight portions of your **most recent practical test**. Your **most recent practical test** refers to all testing sessions that you completed with an examiner for your **P-ASEL category and class rating**. Please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice.

17. To what extent was the examiner who conducted your practical test prepared and organized to conduct the test when you arrived?
- Not at all Limited extent Moderate extent Considerable extent Great extent
18. To what extent was the oral (ground) portion of the practical test conducted in a place that was free of distractions?
- Not at all Limited extent Moderate extent Considerable extent Great extent
19. To what extent did the examiner **use** a prepared, **written** plan in the conduct of the oral (ground) and flight portions of the practical test?
- Not at all Limited extent Moderate extent Considerable extent Great extent
20. Which of the following areas were covered during the examiner's **briefing** prior to the flight portion of the practical test? [Mark all that apply.]
- Procedures for **positive exchange** of flight controls (who is flying the aircraft)
- Procedures for an **actual in-flight emergency**
- Method(s) used by the examiner to **simulate emergencies**
- Repetition** of maneuvers
- Satisfactory** performance criteria
- Unsatisfactory** performance criteria
- I did **not** receive a briefing prior to the flight portion of the practical test
- Don't know
21. Please indicate the **special emphasis areas** that were **evaluated** by your examiner. [Mark all that apply.]
- | | |
|--|---|
| <input type="checkbox"/> Stall/Spin Awareness | <input type="checkbox"/> Low Level Wind Shear |
| <input type="checkbox"/> Wake Turbulence Avoidance | <input type="checkbox"/> Land and Hold Short Operations (LAHSO) |
| <input type="checkbox"/> Positive Aircraft Control | <input type="checkbox"/> Collision Avoidance on the Ground (Runway Incursion Avoidance) |
| <input type="checkbox"/> Controlled Flight Into Terrain (CFIT) | <input type="checkbox"/> In-flight Collision Avoidance |
| <input type="checkbox"/> Checklist Usage | <input type="checkbox"/> Procedures for Positive Exchange of Flight Controls |
| <input type="checkbox"/> Aeronautical Decision Making (ADM) | <input type="checkbox"/> Don't know |
22. Please indicate the events for which you utilized a checklist. [Mark all that apply.]
- | | | |
|---|---|---|
| <input type="checkbox"/> Preflight inspection | <input type="checkbox"/> Cruise flight | <input type="checkbox"/> Emergency approach and landing |
| <input type="checkbox"/> Engine starting | <input type="checkbox"/> Descent | <input type="checkbox"/> After landing |
| <input type="checkbox"/> Before takeoff check | <input type="checkbox"/> Approach and landing | <input type="checkbox"/> Engine shutdown |
| <input type="checkbox"/> Takeoff and climb | <input type="checkbox"/> Go-around | |

23. Prior to your flight, did you present any portion of (or a copy of) the maintenance logbook for the aircraft you used during the practical test?
- Yes No (If no, skip to item 25.)
24. Did the examiner ask you to explain the maintenance logbook entries for the aircraft you used during the practical test?
- Yes No
25. Did the examiner ask any maintenance or aircraft airworthiness questions?
- Yes No Don't know
26. How much time did you spend on the flight portion of the practical test?
- Less than 1 hr. 2 to less than 2.5 hrs.
 1 to less than 1.5 hrs. More than 2.5 hrs.
 1.5 to less than 2 hrs.
27. How much time did you spend on the oral (ground) portion of the practical test prior to the flight portion?
- Less than 1 hr. 2 to less than 2.5 hrs.
 1 to less than 1.5 hrs. More than 2.5 hrs.
 1.5 to less than 2 hrs.
28. Did an **actual** distraction occur during any phase of the flight portion of the practical test?
- Yes (If yes, skip to item 31.)
 No
 I did not detect an **actual** distraction
29. Did the examiner **provide** a distraction during any phase of the flight portion of the practical test?
- Yes
 No (If no, skip to item 31.)
 I did not detect a distraction (If did not detect, skip to item 31.)
30. If the examiner **provided** a distraction during any phase of the flight portion of the practical test, to what extent was the distraction realistic?
- Not at all Limited extent Moderate extent Considerable extent Great extent
31. Did the examiner require a procedure that jeopardized safety?
- Yes No Don't know
- If Yes, please explain.
-
32. Did the examiner ask you to make a "go/no-go" decision based on available weather information?
- Yes No

Instructions: This section contains a list of technical subject areas, maneuvers, and procedures (events). Please indicate whether or not you were evaluated on each event, and, if so, whether you repeated the event. Also, if you did repeat an event, please indicate the reason(s).

Was the event evaluated? Indicate all events the examiner asked you to explain and/or demonstrate during your **most recent practical test**. Your **most recent practical test** refers to all testing sessions that you completed with an examiner for your **P-ASEL category and class rating**.

Did you repeat the event? Indicate whether or not you repeated a maneuver or procedure either because you were asked by the examiner to repeat or because you made the decision to abort and repeat.

If you repeated the event, what was the reason(s)? If you repeated an event, please indicate the reason(s) for repeating the event by selecting all applicable categories provided below. [Mark all that apply]

Self-Initiated Abort and Repeat: I realized my error and elected to abort and repeat the maneuver without examiner direction.

Weather: Testing was discontinued or altered due to weather conditions. Does not include failure to compensate for wind.

Equipment Failure or External Factor: Traffic, Distraction, ATC instruction.

Clarification of Examiner's Request: I misunderstood the maneuver/task the examiner asked me to perform.

Instruction by Examiner: Explanations or new techniques provided to applicant by examiner during practical test.

Multiple Scenarios or Directions: Examiner asked me to perform the maneuver or procedure in different directions or under different conditions.

Unfamiliar with Maneuver/Task: I was unfamiliar with maneuver/task or performed it differently due to instruction.

Performance (Marginal or Poor): Marginal or poor performance of maneuver/task.

Other, Unknown, Unclear Reason: A reason other than those listed above or an unknown or unclear reason.

Technical Subject Areas, Maneuvers, and Procedures (Event)

Preflight Preparation (1a through 1l)

1a. Certificates and Documents

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1b. Airworthiness Requirements

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1c. Weather Information

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1d. Cross-country Flight Planning

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Preflight Preparation (1a through 1l) continued

1e. Basic VFR Weather Minimums

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1f. Airspace Classes

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1g. Special Use and Other Airspace Areas

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1h. Performance and Limitations

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1i. Weight and Balance

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1j. Operation of Systems

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1k. Minimum Equipment List

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

1l. Aeromedical Factors

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Preflight Procedures (2a through 2e)

2a. Preflight Inspection

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

2b. Cockpit Management

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

2c. Engine Starting

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

2d. Taxiing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

2e. Before Takeoff Check

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Airport Operations (3a through 3c)

3a. Radio Communications and ATC Light Signals

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

3b. Traffic Patterns

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

3c. Airport, Runway, and Taxiway Signs, Markings, and Lighting

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Takeoffs, Landings, and Go-Arounds (4a through 4h)

4a. Normal and Crosswind Takeoff and Climb

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4b. Normal and Crosswind Approach and Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4c. Soft-field Takeoff and Climb

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4d. Soft-field Approach and Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4e. Short-field Takeoff and Maximum Performance Climb

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4f. Short-field Approach and Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4g. Forward Slip to a Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

4h. Go-around/Rejected Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Performance Maneuver (5a)

5a. Steep Turns

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Ground Reference Maneuvers (6a through 6c)

6a. Rectangular Course

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

6b. S-Turns

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

6c. Turns Around a Point

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Navigation (7a through 7d)

7a. Pilotage and Dead Reckoning

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

7b. Navigation Systems and Radar Services

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

7c. Diversion

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

7d. Lost Procedures

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Slow Flight and Stalls (8a through 8e)

8a. Maneuvering During Slow Flight

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

8b. Turning or Banked Stalls

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

8c. Power-off Stalls

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

8d. Power-on Stalls

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

8e. Spin Awareness

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Maneuvers/Procedures in Simulated Instrument Conditions (9a through 9f)

9a. Straight-and-Level Flight

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

9b. Constant Airspeed Climbs

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

9c. Constant Airspeed Descents

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Maneuvers/Procedures in Simulated Instrument Conditions (9a through 9f) continued

9d. Turns to Headings

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

9e. Recovery from Unusual Flight Attitudes

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

9f. Radio Communications, Navigation Systems/Facilities, and Radar Services

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Emergency Operations (10a through 10c)

10a. Emergency Approach and Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

10b. Systems and Equipment Malfunctions

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

10c. Emergency Equipment and Survival Gear

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Night Operation (11a)

11a. Night Preparation

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Postflight Procedures (12a through 12b)

12a. After Landing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?
[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Technical Subject Areas, Maneuvers, and Procedures (Event)

Postflight Procedures (12a through 12b) continued

12b. Parking and Securing

Was the event **evaluated**? Yes No Don't know

Did you **repeat** the event? Yes No

If you **repeated** the event, what was the **reason(s)**?

[Mark all that apply.]

- | | |
|--|---|
| <input type="checkbox"/> Self initiated abort and repeat | <input type="checkbox"/> Instruction by examiner |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Multiple scenarios or directions |
| <input type="checkbox"/> Equipment or external factor | <input type="checkbox"/> Unfamiliar with maneuver/task |
| <input type="checkbox"/> Clarification of examiner's request | <input type="checkbox"/> Performance (poor or marginal) |
| | <input type="checkbox"/> Other, unknown, unclear reason |

Instructions: Please read each statement carefully and indicate your selection by marking the box that corresponds to the response option(s) of your choice. As mentioned previously, your **most recent practical test** refers to all testing sessions that you completed with an examiner for your **P-ASEL category and class rating**.

33. On your **most recent practical test**, how many **landings to a touch down** did you demonstrate?

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | More than 6 |

34. Did you perform a "go-around/rejected" landing during the flight portion of your practical test?

- Yes No (If no, skip to item 36.)

35. If you performed one or more "go-around/rejected" landings during the flight portion of your practical test, please indicate the reason(s). [Mark all that apply.]

- | | | |
|---|---|--|
| <input type="checkbox"/> Air traffic control requirements | <input type="checkbox"/> Wind shear | <input type="checkbox"/> Un-stabilized approach |
| <input type="checkbox"/> Unexpected appearance of hazards on the runway | <input type="checkbox"/> Wake turbulence | <input type="checkbox"/> Simulated emergency |
| <input type="checkbox"/> Overtaking another airplane | <input type="checkbox"/> Mechanical failure | <input type="checkbox"/> Other (Please explain below.) |

If Other, please explain.

36. On your **most recent practical test**, how did your examiner evaluate a crosswind **takeoff**? [Mark all that apply.]

- I **demonstrated** a crosswind takeoff
- Examiner evaluated crosswind takeoff through **oral testing**
- Examiner **did not evaluate** a crosswind takeoff

37. On your **most recent practical test**, how did your examiner evaluate a crosswind **landing**? [Mark all that apply.]

- I **demonstrated** a crosswind landing
- Examiner evaluated crosswind landing through **oral testing**
- Examiner **did not evaluate** a crosswind landing

38. On your **most recent practical test**, did the examiner ask you to perform any maneuver(s) or procedure(s) or to explain any technical subject area(s) for which you had **not** been adequately prepared by your instructor(s)?

- Yes No

If Yes, please explain.

39. On your **most recent practical test**, did you perform any maneuver that failed to conform to the requirements of the Private Pilot Practical Test Standards (PTS)?

- Yes No (If no, skip to item 40.) Don't know (If don't know, skip to item 40.)

If yes, was the error noted by the examiner?

- Yes No Don't know

If a maneuver failed to conform to the requirements of the PTS, what was the maneuver?

40. Was the fee that you paid for your **initial** Private Pilot Practical Test for your P-ASEL category and class rating comparable to what other examiners in your area charge?

- Yes No Don't know

41. What was the fee you paid for your **initial** Private Pilot Practical Test for your P-ASEL category and class rating?

- \$150 or less \$201 to \$250 \$301 to \$350
 \$151 to \$200 \$251 to \$300 \$351 or more

42. How did you choose the examiner who administered your **most recent practical test** for the P-ASEL category and class rating?

- Recommended by my instructor(s) Recommended by a friend or another pilot
 Selected or assigned by my flight school I selected my examiner
 Selected or assigned by the FAA Other (Please explain below.)

If Other, please explain.

43. Following examiner selection, how many days did you wait for your **most recent practical test** for the P-ASEL category and class rating?

- 7 days or fewer 8 days or more

If 8 days or more, please explain.

44. How many miles did you travel for your **most recent practical test** for the P-ASEL category and class rating?

100 miles or fewer

101 miles or more

If 101 miles or more, please explain.

45. In which geographic region was your **most recent practical test** conducted? *

Alaskan Region [Alaska]

Central Region [Iowa, Kansas, Missouri, Nebraska]

Eastern Region [Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia]

Great Lakes Region [Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin]

Northwest Mountain Region [Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming]

Southern Region [Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee]

Southwest Region [Arkansas, Louisiana, New Mexico, Oklahoma, Texas]

Western-Pacific Region [Arizona, California, Hawaii, Nevada]