STUDENT PILOT TRAINING RECORD

WINGS OF CAROLINA FLYING CLUB

Name: _____

Date Training Began: _____ **WCFC Member No.** _____

Instructor: _____ **Student Pilot Certificate No.** _____

Date of Lesson:																										
Student Initials:																										
Instructor Initials:																										
Preflight Inspection / Aircraft Servicing / Documentation / Acft. Manual / Cockpit Fam.																										
Use of Checklists / Engine Start / Taxi / X-Wind Taxi / Run-up / Xpndr Use																										
Normal Takeoff / Climb / Climbing turns / Collision Avoidance / Pattern Departures																										
Level Flight / Turns / Traffic Scan / Setting Power & Leaning / Use of Trim																										
Initial Approach Configuration / Carb Heat Use / Descents / Use of Flaps																										
Clearing Turns / Vmc with and w/out flaps / Stalls / Spin Awareness Training																										
45 degree banked turns / Spiral Dive recovery																										
Forced Landings (All Phases of Flight) / Fire and Electrical Loss Procedures																										
Ground Reference Maneuvers (Turns around a point, S-turns, Figure 8's)																										
Traffic Pattern & Entries / Uncontrolled Field Radio Procedures / Wake Turb. Avoidance																										
Approaches / Normal Landings / Go-around Maneuver / Recovery from Bad Landings																										
X-Wind Landings / Slips to Landings / No-Flap Landings																										
NAV procedures (Practice Area)/Instru. Flt. / Class C & B Airspace Radio Use / Radar																										

PRE-SOLO STANDARDIZATION CHECK:

Date: _____

CFI: _____

INITIAL SOLO:

Date: _____

Acft. Type: _____

CFI: _____

- ❑ Acft. Written Passed
- ❑ Part 61 and 91 Quiz
- ❑ Club Student SOPs
- ❑ Certificate Endorsed
- ❑ Log Book Endorsed

Initial Solo Limitations:

_____

_____

Grading Legend: X = Demonstrated & Practiced or Incomplete
S = Satisfactory Proficiency Achieved on All Items

NOTE: Student's log should be endorsed for each solo flight.

Student Name: _____ WCFC Member No.: _____

Date of Lesson:																									
Student Initials:																									
Instructor Initials:																									
Aircraft Discrepancies / Weather Procedures / Club WX minimums / Exercising Judgment																									
Soft Field Taxi, Takeoff & Landing / Short Field Takeoff, Approach & Landing																									
Controlled (High Density) Field Procedures / Collision Avoidance / Wake Turb. Avoidance																									
ATC Communications / Radar Procedures																									
Night Preflight / Night Airwork / Night Takeoff & Landings / Night WX Minimums																									
Dual X/C Planning / XC Procedures & Flight Plan Filing / Radio NAV / Emergencies																									
Dual Prep for Check Ride																									

NOTE: Solo flights are not indicated on this record. Ground School is not indicated on this record. Record of Ground School time may be entered below.

Instructor Notes: (Ground School, Repeated Solo Cross Country Endorsements, Solo Limitations Changes, Progress Notes, etc.)

_____

_____

_____

_____

_____

CLUB PRE-CHECK-RIDE PROFICIENCY CHECK: (Insure Club Type Checkout Form is completed.)

Date: _____ Acft. Type: _____ By: _____ CFI # _____ Exp.: _____

Notes: _____

CHECK RIDE SIGN-OFF:

Date: _____ By: _____ CFI # _____ Exp.: _____

□ Log Book Endorsed □ Application Complete □ Medical Current / Endorsements □ Written Test Results

□ Hood □ Acft. Documentation Checked □ Acft Logs Reviewed

CHECK RIDE RESULTS:

Date: _____

Examiner: _____

□ Passed □ Failed

Recheck Date: _____

□ Passed □ Failed