

UNIVERSITY OF DUBUQUE

FLIGHT OPERATIONS

Flight Course Evaluation

Student Name: _____

Course #: _____ Course Name: _____

Semester course was started: _____ Year: _____

List (in order) your flight

Instructors for this course: (1) _____ (2) _____ (3) _____

Rate each flight instructor on the following items. Use the descriptive words suggested below or use your own:

Excellent ----- Very good ----- Good ----- Fair ----- Poor ----- Some ----- Very little

Professional attitude (1) _____ (2) _____ (3) _____

Professional language (1) _____ (2) _____ (3) _____

Personal cleanliness (1) _____ (2) _____ (3) _____

Teaching enthusiasm (1) _____ (2) _____ (3) _____

Teaching effectiveness (1) _____ (2) _____ (3) _____

Instructor availability (1) _____ (2) _____ (3) _____

**Pre-lesson preparation
Required of you** (1) _____ (2) _____ (3) _____

**Pre/Post Flight
Briefing** (1) _____ (2) _____ (3) _____

Aircraft availability _____

What did you like most about the course? _____

What did you dislike most? _____

What suggestions would you like to make about any aspect of the course of the flight program?

1 _____

2 _____

3 _____

FOR ADMINISTRATIVE USE ONLY

Flight examiner's comments:

Oral _____

Check ride _____

Flight examiner's signature _____