



## ATC /ARTCC PRACTICAL TEST FORM

1. Name		2. Data		3. Scenario/position(s)						
4. Weather <input type="checkbox"/> VFR <input type="checkbox"/> MVFR <input type="checkbox"/> IFR <input type="checkbox"/> OTHER _____		5. Workload <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		6. Complexity <input type="checkbox"/> Not Difficult <input type="checkbox"/> Occasionally Difficult <input type="checkbox"/> Mostly Difficult <input type="checkbox"/> Very Difficult		7. Hours				
9. Purpose <input 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						8. Total Hours This Positions				
10. Routing										
Performance	11. Job Task	Job Subtask			Observed	Comment	Satisfactory	Need Improvement	Unsatisfactory	Simulation Training
	A. Separation	1. Separation is ensured. 2. Safety alerts are provided.								
	B. Coordination	3. Performs handoffs /point outs. 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. Method and Procedures	9. Aircraft identify is maintained.								
		10. Strip Posting is complete/ correct.								
		11. Clearance delivery is complete/correct and timely								
		12. LOAs/directive are adhered to.								
		13. Additional services are provided.								
		14. Rapidly recovers from equipment failures and emergencies.								
		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.								
		20. Communication is clear and concise.								
		21. Uses prescribed phraseology.								
		22. Makes only necessary transmissions.								
	G. Other	23. Uses appropriate communications method.								
		24. Relief briefings are complete and accurate.								

12. Comments	12.A Reference




Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. Recommendations Certifications 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: \_\_\_\_\_

15. Certifications/Recertification  
I certify that this employees meets qualifications requirements and is capable of working under general supervision.  
Signature of Certifier. \_\_\_\_\_ Date: \_\_\_\_\_