

## TRAINING INSTRUCTOR ASSESSMENT CHECKLIST

A: DETAILS OF PERSONNEL	
NAME	
DEPARTMENT	
STAFF NO	
POSITION	
TYPE OF TRAINING	<input type="checkbox"/> Basic/Regulatory Training <input type="checkbox"/> Technical/Specific Training
DATE OF ASSESSMENT	
COURSE/TRAINING COVERED	1)
	2)
	3)
	4)

(B) QUALIFICATION AND TRAINING					
NO	CRITERIA	COMPLIANCE			REMARKS
		YES	NO	NA	
<b>1.</b>	<b>Qualification</b>				
a.	Hold a valid and current Aircraft Maintenance Engineer's License which is issued or validated by CAAM, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Hold company approval; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Hold a diploma/degree or diploma holder in related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Hold a Sijil Pelajaran Malaysia (SPM) or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2.</b>	<b>Training</b>				
a.	Completed and attended Instruction technique / Train the Trainer, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Attended and experienced in specific subject to be taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3.</b>	<b>Experience</b>				
a.	Minimum of 3 years of aviation experience either in aircraft maintenance, (Note: additional 2 years experience for SPM Holder ) OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Minimum of 3 years of aviation experience in administering maintenance organization, (Note: additional 2 years experience for SPM Holder ) OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Minimum of 3 years of aviation experience in aircraft support workshops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(C) COMPETENCY ASSESSMENT</b>					
NO	ITEMS	COMPETENCY			REMARKS
		YES	NO	N/A	
1.	General knowledge of applicable CAAM/Authority regulations/standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Knowledgeable about the subjects that are assigned to their scope of instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Know how to organize a lesson and how to efficiently deliver a course that clearly highlights the fundamental points;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Proficient and familiar with the tools or the training techniques used by the training organisation to support the lessons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Has a good command of the subjects taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Adequate communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>(D) CONCLUSION</b>	
1.	Is the personnel qualified and competent? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If No, state the reason:
	_____
	_____
	If satisfactory please tick the boxes below:
<input type="checkbox"/>	I hereby certify that person, for which particular are given in block A, is able to perform and competent as training instructor.
2.	Remarks
	_____
	_____

<b>(E) ASSESSMENT CARRIED OUT BY:</b>			
ASSESSOR	NAME	SIGNATURE	DATE
1.			
2.			

**Instruction Form for Training Instructor Assessment Checklist**

Section A. NAME	Fill the Instructor Name
Section A. DEPARTMENT	Fill the Instructor Department
Section A. STAFF NO	Fill the Instructor GAM Staff Number
Section A. POSITION	Fill the Instructor Work Position
Section A. TYPE OF Training	Select type of training provided by instructor
Section A. Date of Assessment	Fill the date of assessment conducted
Section A. COURSE/TRAINING COVERED	Fill the name of course or training conducted by the instructor
Section B QUALIFICATION AND TRAINING	Tick the compliance column to the item in the criteria column. Note in the remark if necessary
Section C COMPETENCY ASSESSMENT	Tick the competency column to the item in the Items column. Note in the remark if necessary
Section D CONCLUSION Item 1.	Tick where applicable, Note the reason if select NO.
Section D CONCLUSION Item 2.	Note assessor remarks.
Section E ASSESSMENT CARRIED OUT BY:	Fill the assessor's name, signature and date