



AUSTRALIAN AIR FORCE CADETS

322 (CITY OF RYDE) SQUADRON



HOME TRAINING

Subject Supervisor Checklist

| | | | |
|-------------|---------------------|-------------------------|--|
| Subject: | | Semester/Year: | |
| Supervisor: | Primary Instructor: | Assistant Instructor/s: | |

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|---|---|
| Actions prior to commencement of subject | ✓ |
| Made initial contact with Primary Instructor, ensure they are using the current MoGT objectives, any assistance required with resources, discuss allocation of lessons between Primary/Assistant, any known learning difficulties in class etc. | |
| Received Instructor/Assistant Instructor Schedule from Primary Instructor | |

Schedule of Lessons

Lesson plans must be checked weekly. At least 2 full lessons must be assessed during the semester. In the case of CCPLs/LCDTs, ALL lessons must be assessed until you are satisfied they can teach without supervision.

| Lesson | Date | Instructor teaching | Lesson Plan received (date) | Lesson assessed? |
|--------|------|---------------------|-----------------------------|------------------|
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Mid-Semester Report to Home Training (around last parade night of Term 1 or 3)

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| HMTRG Signature: | Date: |
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Examination

| Time | Action | ✓ |
|-------------------------------------|--|---|
| 3+ weeks before exam | Discussed exam procedures with instructor | |
| 2 weeks before exam | Received draft exam from instructor | |
| 2 weeks before exam | Reviewed draft and given feedback to instructor | |
| 1 week before exam | Instructor submitted reviewed exam to HMTRG | |
| 1 week after exam | Received draft results from instructor, reviewed and given feedback (e.g. grading/fails), discussed procedure for conducting sup exams | |
| 1 week after exam | Instructor submitted reviewed results to HMTRG | |
| Exam review lesson date | Supplementary exams conducted (if applicable) | |
| After sups complete (if applicable) | Received updated results from instructor, reviewed and given feedback, discussed procedure for any further outstanding supplementary exams | |
| After sups complete | Instructor submitted updated results to HMTRG | |

Supplementary Assessments

| Name | Reason (absent/fail) | Complete (date) | Name | Reason (absent/fail) | Complete (date) |
|------|----------------------|-----------------|------|----------------------|-----------------|
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General Comments *(instructor's performance, issues affecting conduct of the subject etc)*

End of Subject Report to Home Training *(attach at least 2x completed IT forms)*

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|------------------|-------|
| HMTRG Signature: | Date: |
|------------------|-------|