

STUDENT QUESTIONNAIRE

Welcome to the start of your flight training. I thank you for the opportunity to earn your trust and becoming your Certified Flight Instructor. To assist me in providing you with the safest, comprehensive, and enjoyable flight training, I would like to take this opportunity to know a little bit about yourself. Please fill out the information to the best of your ability and to the comfort level you feel disclosing at this time. Certain demographic information is required.

DEMOGRAPHICS

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email Address: _____ U.S. Citizen Y/N

State of Birth: _____ Proof of Citizenship: U.S. Passport Birth Certificate

How would you like to be addressed? _____

Emergency Contact: _____ Phone: _____

1. Why do you want to learn to fly and or continue your training?

2. What are your hobbies? _____

3. Are you a student? If so, how many classes are you taking? How many hours a week do you devote to studying? _____

4. What do you do for work? How many hours per week do you work?

5. How many days per week are you willing to devote to flight training? _____

6. Do you have any medical conditions or disabilities that myself or the Aviation Medical Examiner need to be aware of? If so, what are they? Do you take any medications?

7. Do you get motion sickness while flying? _____

8. What are your expectations of me?

9. What are your five best qualities?

10. Are you prepared to have a fun time learning to fly? _____

11. Will you show up prepared and ready to learn for each flight? _____

12. Any information that you wish to share with me that would help me understand more about you, your learning style, your goals, and/or assist me in providing quality flight instruction?

