

Commercial Pilot Review (SEL)

Dual Flight

Leading Edge Aviation

Version 2017

Student Name _____

Lesson Objective:

- Review Commercial Pilot Maneuvers to increase proficiency and readiness for the Commercial ASEL Practical Exam

Preflight Discussion:

- Discuss any concerns from last flight
- Review of the maneuvers to be performed today

Review: Flight	Needs		Notes
	Satisfactory	Improvement	
Preflight	<input type="checkbox"/>	<input type="checkbox"/>	
Taxiing/Crosswind Corrections	<input type="checkbox"/>	<input type="checkbox"/>	
Runway Incursion Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	
Normal Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	
Short Field Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	
Soft Field Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	
Crosswind Takeoff and Climb	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Pattern Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Checklist Usage	<input type="checkbox"/>	<input type="checkbox"/>	
Collision Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	
Steep Turns	<input type="checkbox"/>	<input type="checkbox"/>	
Slow Flight	<input type="checkbox"/>	<input type="checkbox"/>	
Power Off Stall	<input type="checkbox"/>	<input type="checkbox"/>	
Power On Stall	<input type="checkbox"/>	<input type="checkbox"/>	
Turning Stalls	<input type="checkbox"/>	<input type="checkbox"/>	
Accelerated Stall	<input type="checkbox"/>	<input type="checkbox"/>	
Chandelles	<input type="checkbox"/>	<input type="checkbox"/>	
Lazy Eights	<input type="checkbox"/>	<input type="checkbox"/>	
Steep Spirals	<input type="checkbox"/>	<input type="checkbox"/>	
VOR Navigation	<input type="checkbox"/>	<input type="checkbox"/>	
GPS Navigation	<input type="checkbox"/>	<input type="checkbox"/>	
BAI (Climbs, Descents, Turns)	<input type="checkbox"/>	<input type="checkbox"/>	
Recovery from Unusual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Descent	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Approach/Landing	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Eights On Pylons	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Reference Maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	
Normal Landing	<input type="checkbox"/>	<input type="checkbox"/>	
Short Field Landing	<input type="checkbox"/>	<input type="checkbox"/>	
Soft Field Landing	<input type="checkbox"/>	<input type="checkbox"/>	
Crosswind Landing	<input type="checkbox"/>	<input type="checkbox"/>	
Power-Off 180	<input type="checkbox"/>	<input type="checkbox"/>	
Forward Slip to Land	<input type="checkbox"/>	<input type="checkbox"/>	
Go Around	<input type="checkbox"/>	<input type="checkbox"/>	
Postflight	<input type="checkbox"/>	<input type="checkbox"/>	

Completion Standards:

- Improvement on maneuvers that will be performed on checkride
- Meets or exceeds ACS Commercial and LEA standards

Pre_____, Post_____, PIC_____, Dual_____, Inst._____, XC_____, Solo_____, Night_____, Day Land_____, Night Land_____

Aircraft Tail # _____

I certify that the aforementioned training has been conducted and/or received in accordance with Leading Edge Aviation Standards.

Instructor _____

Date _____

Student _____

Date _____