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National Wildfire
Coordinating Group



Aerial Supervision Evaluator Evaluation Form

PMS 505j

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This document supplements the *NWCG Standards for Aerial Supervision*, PMS 505,
<https://www.nwcg.gov/publications/505>.

Aerial Supervision Evaluator Evaluation Form

Trainee Name:	Date:	Training:
Evaluator Name:	AC Type/FT:	
Geographic Area:		
Missions to date:		
Did the Evaluator discuss instructional methodology and utilize the appropriate methods for your learning style? YES-NO (if no, please explain):		
Rate the Evaluators knowledge of Aerial Supervision Policy and Training regulations, please explain:		
Did you receive an appropriate and documented debriefing after each mission? YES-NO (if no, please explain):		
Were you given opportunities to provide feedback during the debriefing process? YES-NO (if no, please explain):		
Did you receive appropriate focal points for your next training mission? YES-NO (if no, please explain):		
Rate your overall satisfaction with the quality of instruction you received during your training assignment, please explain:		
Other Comments:		