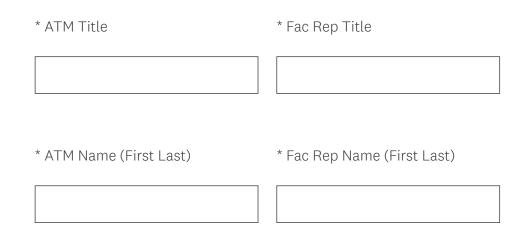# Facility National Training

The FAA and NATCA created a survey to improve air traffic controller training. The survey asks the Air Traffic Manager and Facility Representative to identify themselves on the second page and complete the rest of the study together to understand training facilities across the country comprehensively.

*Throughout the rest of this survey, please only include the titles of participants and do not include any identifying information such as names or email addresses in your survey responses.

1 / 8   12%

Next

Facility National Training

The Air Traffic Manager (ATM) and facility representative should both be present and completing this survey collaboratively.

* ATM Title

* Fac Rep Title

* ATM Name (First Last)

* Fac Rep Name (First Last)

* Your Facility Identifier Code

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Facility National Training

Overall Facility Training Culture

* 1. Rate your Agreement with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1a. The training program at my facility is effective at preparing controllers for their role	○	○	○	○	○
1b. Training resources and materials are accurate, accessible, and available	○	○	○	○	○
1c. Trainees at my facility efficiently progress through the training program	○	○	○	○	○
1d. OJTIs are knowledgeable and skilled in delivering training	○	○	○	○	○
1e. Training programs are flexible and adaptable to meet the needs of each trainee	○	○	○	○	○

* 2. How frequently do the Facility Training Administrator (TA), Principal Facility Representative (Fac Rep), or designee conduct scheduled meetings to collaborate on facility training processes?

○ Daily   ○ Weekly   ○ Monthly   ○ Quarterly

○ Yearly   ○ Never

* 3. Would your facility benefit from outside assistance updating any of the following training-related materials (Select All That Apply):

☐ Training Documents

☐ Curriculum

☐ Simulator Scenarios

☐ Local Training Directive

☐ Other (Please Specify) - To ensure your anonymity, please do not include any identifying information such as your name or email address in your response

[   ]

3 / 8   38%

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Facility National Training

Local Training Order

* 4. Is your facility's training time established in the facility training directive?
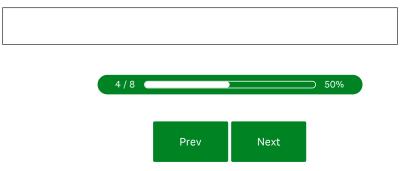
◯ Yes   ◯ No

    * 4a. Is the established training time evaluated at least once per calendar year?

    ◯ Yes   ◯ No

    * 4b. If necessary to adjust training time, is a cross-sectional workgroup being used to make recommendations to modify training time?

    ◯ Yes   ◯ No

    * 4c. What were the titles of the individuals that participated? *(To ensure your anonymity, please do not include any identifying information such as your name or email address in your response)*

    [   ]

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Facility National Training

Classroom Training

* 5. When were locally-developed classroom lesson plans last updated?

○ Last Month   ○ Last Quarter   ○ Last Year   ○ More than a year ago

○ Other (Please Specify)

[   ]

    * 5a. Which stages were updated? (Select All That Apply)

    ☐ Stage 1   ☐ Stage 2   ☐ Stage 3   ☐ Stage 4

    ☐ Other (Please Specify)

    [   ]

    * 5b. What were the titles of the individuals who developed the current local lesson plans? *(To ensure your anonymity, please do not include any identifying information such as your name or email address in your response)*

    [   ]

* 6. When were end-of-lesson tests developed for local lesson plans?

○ Last Month   ○ Last Quarter   ○ Last Year   ○ More than a year ago

○ Other (Please Specify)

[   ]

    * 6a. What were the titles of the individuals who developed the end-of-lesson test? *(To ensure your anonymity, please do not include any*

identifying information such as your name or email address in your response)

5 / 8   62%

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Facility National Training

Simulator Training

* 7. When were simulation scenarios last updated?

◯ Last Month ◯ Last Quarter ◯ Last Year ◯ More than a year ago

◯ Other (Please Specify)

[   ]

* 8. Which stages of the simulation scenarios were updated? (Select All That Apply)

☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4

☐ Other (Please Specify)

[   ]

* 9. What were the titles of those individuals who participated in the development of simulation scenarios? *(To ensure your anonymity, please do not include any identifying information such as your name or email address in your response)*

[   ]

* 10. How many simulation scenarios does the facility currently have?

[   ]

* 11. Are facility simulation scenarios compliant with the current 3120.4R?

◯ Yes ◯ No

* 12. Have the individuals at your facility responsible for simulation scenario creation received formal training?

◯ Yes ◯ No

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Facility National Training

On-the-Job Training

* 13. When Skill Development Training (SDT) is assigned to a trainee for a position in which they receive OJT, is training developed in consultation with the training team?

○ Yes   ○ No

* 14. When certifying OJTIs, is simulation used to perform the first OJT session (if applicable)?

○ Yes   ○ No

* 15. How many OJTIs does your facility currently have?

[   ]

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Facility National Training

Proficiency Training

* 16. What are the titles of those individuals who developed refresher training topics and delivery methods (e.g., electronic learning, classroom, simulation)? *(To ensure your anonymity, please do not include any identifying information such as your name or email address in your response)*

[ ]

* 16a. Were these developed by the Training Administrator (TA) and the Local Safety Council (LSC) or locally by another collaborative group?

◯ TA and the LSC   ◯ Local Collaborative Group

◯ Other (Please Specify)

[ ]

* 16b. If developed by the collaborative group, what were the titles of the individuals who participated? *(To ensure your anonymity, please do not include any identifying information such as your name or email address in your response)*

[ ]

* 17. What estimated percentage of operational personnel participate in annual refresher simulation training?

◯ <50%   ◯ 50%-74%   ◯ 75%-89%   ◯ 90%-99%

◯ 100%

* 18. Does the facility's annual refresher training consist of a simulation with a cumulative total of at least two hours per calendar year?

◯ Yes   ◯ No

* 19. Is instructor-led recurrent training collaboratively delivered?

○ Yes   ○ No

* 19a. What is the average time provided and used to deliver instructor-led recurrent training?

[   ]

8 / 8   100%

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* 19. Is instructor-led recurrent training collaboratively delivered?

○ Yes   ○ No