# Individual Coaching Plan

Date: _____

Client: _____          Instructor: _____

Course: _____  Stg/Phase: _____  Scenario: _____

Flt. Time: _____  Sim. Time: _____  Grnd. Time: _____

**Background:** (Filled out but the Instructor prior to requesting a meeting.)

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Date of meeting: _____

**Plan of Action:** (Filled out by manager during the meeting.)

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Signatures:

Client: _____          Instructor: _____

Manager: _____