

LEVEL 2

QUALIFICATION REQUIREMENTS



COMMUNITY SERVICE PROPOSAL

By: _____

Supervisor: _____ Corps / Squadron: _____

Corps / Sqn Address: _____

Phone: _____ Fax: _____ Email: _____

Project name: _____

Need—Why this plan is needed:

Purpose—How this plan will help:

Participation—Who will help and what they will do:

- Cadets:
- Staff:
- Organizations or groups:

Outcomes—What we expect to happen as a result of our work:

How we will check outcomes—What evidence we will collect and how we will use it:

Resources—What we need to get the job done, such as supplies (itemize on back):

FOUR SQUARE REFLECTION TOOL

| | |
|------------------------------|------------------------------|
| <p>What happened?</p> | <p>How do I feel?</p> |
| <p>Ideas?</p> | <p>Questions?</p> |



PHYSICAL ACTIVITY TRACKER



| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|---|---|---|---|---|---|---|
| Week 1 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 |
| | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List |
| | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time | Less than 2 hours of recreational screen time |
| Week 2 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 |
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| Cadet's Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____ | | | | | | | |



PHYSICAL ACTIVITY TRACKER



| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------|--|--|--|--|--|--|--|
| W e e k 3 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 |
| | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List |
| | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ |
| W e e k 4 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 | Physical Activity Time 15 30 45 60 75 90 |
| | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List | Physical Activity List |
| | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ | Less than 2 hours of recreational screen time 😊 ☹️ |

Cadet's Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____

CADET AIR RIFLE HANDLING TEST ASSESSMENT CHECKLIST

Cadet's Name: _____

Date: _____

| | Incomplete The action was performed incorrectly or in an unsafe manner. | Complete The action was performed correctly and in a safe manner. |
|--|---|---|
| Upon the instruction to carry out Individual Safety Precautions, did the cadet: | | |
| 1. Ensure the bolt was fully open and to the rear. | | |
| 2. Ensure the safety catch was in the ON position. | | |
| 3. Ensure the pump lever was partially open (5-8 cm). | | |
| 4. Ensure the safety rod was inserted in the barrel and visible in the feed track. | | |
| Upon the command " Relay Load, Commence Firing, " did the cadet: | | |
| 5. Ensure the safety catch was in the ON position. | | |
| 6. Pump the cadet air rifle, observing a three second pause. | | |
| 7. Simulate loading a pellet (flat end forward). | | |
| 8. Close the bolt. | | |
| 9. Place the safety catch in the OFF position. | | |
| 10. Aim the cadet air rifle at the target. | | |
| 11. Squeeze the trigger. | | |
| 12. Place the safety catch in the ON position. | | |
| 13. Open the bolt. | | |
| 14. Open the pump lever (5–8 cm). | | |
| 15. Lay down the cadet air rifle. | | |
| Upon the command " Relay, Unload and Prepare for Inspection, " did the cadet: | | |
| 16. Remove the five pellet clip, if used. | | |
| 17. Pump the cadet air rifle, observing a three second pause. | | |
| 18. Close the bolt. | | |
| 19. Place the safety catch in the OFF position. | | |

| | | |
|---|--|--|
| 20. Aim the cadet air rifle at the target. | | |
| 21. Squeeze the trigger. | | |
| 22. Open the bolt. | | |
| 23. Place the safety catch in the ON position. | | |
| 24. Open the pump lever (5–8 cm). | | |
| 25. Place the air rifle on shoulder, muzzle pointed down range. | | |
| 26. Wait to be cleared by the RSO. | | |
| 27. Lay down the cadet air rifle once cleared by the RSO. | | |

Assessor's Feedback:

| Cadet Air Rifle Handling Test Overall Assessment | | |
|--|---|---|
| Check One | Incomplete | Completed |
| Overall Performance | The cadet has not achieved the performance standard. One or more actions were incomplete. | The cadet has achieved the performance standard. All actions were complete. |

| | |
|------------------------------|------------------|
| Assessor's Name: | Position: |
| Assessor's Signature: | Date: |

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706 Ottawa Snowy Owl Air Cadet Squadron

PROFICIENCY LEVEL TWO QUALIFICATION RECORD

Cadet's Name: _____

Flight: _____

| Topic | PO No. | Performance Statement | PO Assessment | |
|--|--------|---|---------------|-----------|
| | | | Incomplete | Completed |
| Citizenship | 201 | Participate in Citizenship Activities | | |
| Community Service | 202 | Perform Community Service | | |
| Leadership | 203 | Demonstrate Leadership Attributes Within a Peer Setting | | |
| Personal Fitness and Health Living | 204 | Track Participation in Physical Activities | | |
| Physical Activities | 205 | Participate in Physical Activities | | |
| Air Rifle Marksmanship | 206 | Fire the Cadet Air Rifle During Recreational Marksmanship | | |
| General Cadet Knowledge | 207 | Serve in an Air Cadet Squadron | | |
| Drill and Ceremonial | 208 | Execute Drill as a Member of a Squad | | |
| CAF Familiarization | 220 | Participate in CAF Familiarization Activities | | |
| Aviation History | 230 | Discuss Canadian Aviation History | | |
| Principles of Flight | 231 | Explain Principles of Flight | | |
| Propulsion | 232 | Identify Characteristics of Piston-Powered Aircraft | | |
| Aerospace | 240 | Participate in Aerospace Activities | | |
| Aerodrome Operations | 260 | Participate in Aerodrome Operations Activities | | |
| Aircraft Manufacturing and Maintenance | 270 | Discuss Aircraft Manufacturing and Maintenance | | |
| Aircrew Survival | 290 | Participate in a Field Exercise | | |

| | | | | |
|-------------------------------|------------|-----------|---|-------------|
| Qualification Achieved | Yes | No | Training Officer Signature: _____ | Date: _____ |
| | | | | |