

**ASSESSMENT COMMITTEE REPORT- Six Month
KENTUCKY FINANCE OFFICER PROGRAM**

Intern Name _____ District _____

Mentor Name _____ District _____

Date Internship Began _____

Curriculum Area

ND PD D N/A

Munis

Key: ND - not demonstrated; PD - partially demonstrated; D - demonstrated; N/A - not applicable for the period.

Comments:

Audit

Comments:

Budgets

Comments:

Cash Management/Transportation

Comments:

Construction/Facilities

Comments:

Financial Statements

Comments:

Funding

Comments:

Internal Controls

Comments:

Purchasing

Comments:

Food Service

Comments:

District Miscellaneous

Comments:

Resources

Comments:

Signatures

Mentor _____ Date _____

Intern _____ Date _____