

**ASSESSMENT COMMITTEE REPORT-Final
KENTUCKY FINANCE OFFICER PROGRAM**

Intern Name _____ **District** _____
Date Internship Began _____
Mentor Name _____ **District** _____
Superintendent or Designee _____
KDE Representative _____

Curriculum Area

ND PD D

Munis

Key: ND - not demonstrated; PD - partially demonstrated; D - demonstrated

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:

[Empty comment box for Food Service]

District Miscellaneous

Comments:

[Empty comment box for District Miscellaneous]

Resources

Comments:

[Empty comment box for Resources]

The result of the KFOP internship:

Check appropriate Box

- Successful completion
- Portion(s) to be repeated: _____
- Entire internship to be repeated

Signatures

Mentor	_____	Date	_____
Intern	_____	Date	_____
Superintendent or Designee	_____	Date	_____
KDE Representative	_____	Date	_____