

# 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

Enterprise ERP (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 \_\_\_\_\_