**UJIAN SEMESTER GENAP**

**TAHUN PELAJARAN 2017-2018**

**Ruang : Hari/Tanggal :**

**Kelas : 2 (dua) Mata Pelajaran : Do’a-Do’a**

**PENILAIAN HAFALAN DOA-DOA**

Nama pengawas :

Hari/Tanggal :

Ruang :

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| **No** | **Nama** | **Nilai** | **Ket.** |
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**NB : Sistem penilaian minimal angka 50**

**: Nilai ini di berikan kepada wali kelas nya atau panitia**