**UJIAN SEMESTER GENAP**

**TAHUN PELAJARAN 2017-2018**

**Nama Pemateri : Kelas :**

**Nama wali kelas : Hari/Tanggal :**

**PENILAIAN PRAKTEK SHOLAT**

|  |  |  |  |  |
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| **No** | **Nama** | **Nilai** | | |
| **kerapihan** | **Bacaan** | **Gerakan Sholat** |
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**Nb : Sistem penilaian minimal angka 50**

**: nilai ini diberikan kepada wali kelasnya masing-masing atau kepada panitia**