**Format 5.1. Pemeriksaan Kelengkapan Laporan Visitasi**

|  |  |  |  |
| --- | --- | --- | --- |
| Nama Sekolah/Madrasah : ..............................................  Alamat Sekolah/Madrasah : ..............................................  Waktu Visitasi : ..............................................  Nama Asesor I : ......................................  (HP............................)  Nama Asesor II : ......................................  (HP...........................) | | | |
| ITEM | STATUS | | KETERANGAN |
| MEMENUHI | TDK MEMENUHI |
| Pakta Integritas Asesor. |  |  |  |
| Laporan individu. |  |  |  |
| Laporan tim. |  |  |  |
| Rekomendasi. |  |  |  |
| Berita Acara Pelaksanaan Visitasi. |  |  |  |
| Hasil Akreditasi dalam bentuk *e-file* (Format Raw Data). |  |  |  |
| Dokumentasi sekolah/madrasah |  |  |  |
| Simpulan:  ................................................................................................................................................................................................................................................................................................................................................................................................................................................  BAP-S/M  (........................................)  Nama Lengkap | | | |