**Format 6.2. Rekapitulasi Hasil Validasi**

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| **NO** | **NAMA SEKOLAH/**  **MADRASAH** | **ALAMAT SEKOLAH/**  **MADRASAH** | **WAKTU**  **VISITASI** | **NAMA ASESOR** | **HASIL VALIDASI** | | **KET.** |
| **VALID** | **TIDAK VALID** |
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| ………………………………, 20..…  Ketua BAP-S/M  ............................................. | | | | | | | |