**FORMATO DE SUPERVISIÓN A PLANTELES**

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| PLANTEL: |  |  | FECHA DE LA SUPERVISIÓN: |  |

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| No. | ASPECTOS A SUPERVISAR | EVIDENCIAS SOLICITADAS | ¿SE MOSTRARON? | | OBSERVACIONES  (Incumplimiento u Oportunidad de Mejora) |
| SÍ | NO |
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| COORDINADOR DE ZONA  (Nombre y Firma) | DIRECTOR DE PLANTEL  (Nombre y Firma) |