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| **NOMBRE DE LA PERSONA EVALUADA** | | | | | | | | | | | |
| **Fecha de Evaluación** |  | | | | | | **Fecha Asesoría o Capacitación** | |  | | |
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| **ASPECTO A EVALUAR** | | | | | | | | **CALIFICACIÓN** | | | |
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| **FIRMA DEL EVALUADOR** | | | | | | | | | | | |