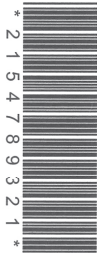




IELTS Writing Answer Sheet



Candidate Name

Candidate No. Centre No.

Test Module Academic General Training Test Date Day Month Year

If you need more space to write your answer, use an additional sheet and write in the space provided to indicate how many sheets you are using: Sheet of

Writing Writing Writing Writing Writing Writing Writing

Lined writing area for the front side of the answer sheet.

Do not write below this line

Do not write in this area. Please continue your answer on the other side of this sheet.



Lined writing area for the back side of the answer sheet.



IELTS Reading Answer Sheet

Candidate Name

Candidate No. Centre No.

Test Module Academic General Training Test Date Day Month Year

Reading Reading Reading Reading Reading Reading Reading

1	<input type="text"/>	1 ✓ <input type="checkbox"/> <input type="checkbox"/>	21	<input type="text"/>	21 ✓ <input type="checkbox"/> <input type="checkbox"/>
2	<input type="text"/>	2 ✓ <input type="checkbox"/> <input type="checkbox"/>	22	<input type="text"/>	22 ✓ <input type="checkbox"/> <input type="checkbox"/>
3	<input type="text"/>	3 ✓ <input type="checkbox"/> <input type="checkbox"/>	23	<input type="text"/>	23 ✓ <input type="checkbox"/> <input type="checkbox"/>
4	<input type="text"/>	4 ✓ <input type="checkbox"/> <input type="checkbox"/>	24	<input type="text"/>	24 ✓ <input type="checkbox"/> <input type="checkbox"/>
5	<input type="text"/>	5 ✓ <input type="checkbox"/> <input type="checkbox"/>	25	<input type="text"/>	25 ✓ <input type="checkbox"/> <input type="checkbox"/>
6	<input type="text"/>	6 ✓ <input type="checkbox"/> <input type="checkbox"/>	26	<input type="text"/>	26 ✓ <input type="checkbox"/> <input type="checkbox"/>
7	<input type="text"/>	7 ✓ <input type="checkbox"/> <input type="checkbox"/>	27	<input type="text"/>	27 ✓ <input type="checkbox"/> <input type="checkbox"/>
8	<input type="text"/>	8 ✓ <input type="checkbox"/> <input type="checkbox"/>	28	<input type="text"/>	28 ✓ <input type="checkbox"/> <input type="checkbox"/>
9	<input type="text"/>	9 ✓ <input type="checkbox"/> <input type="checkbox"/>	29	<input type="text"/>	29 ✓ <input type="checkbox"/> <input type="checkbox"/>
10	<input type="text"/>	10 ✓ <input type="checkbox"/> <input type="checkbox"/>	30	<input type="text"/>	30 ✓ <input type="checkbox"/> <input type="checkbox"/>
11	<input type="text"/>	11 ✓ <input type="checkbox"/> <input type="checkbox"/>	31	<input type="text"/>	31 ✓ <input type="checkbox"/> <input type="checkbox"/>
12	<input type="text"/>	12 ✓ <input type="checkbox"/> <input type="checkbox"/>	32	<input type="text"/>	32 ✓ <input type="checkbox"/> <input type="checkbox"/>
13	<input type="text"/>	13 ✓ <input type="checkbox"/> <input type="checkbox"/>	33	<input type="text"/>	33 ✓ <input type="checkbox"/> <input type="checkbox"/>
14	<input type="text"/>	14 ✓ <input type="checkbox"/> <input type="checkbox"/>	34	<input type="text"/>	34 ✓ <input type="checkbox"/> <input type="checkbox"/>
15	<input type="text"/>	15 ✓ <input type="checkbox"/> <input type="checkbox"/>	35	<input type="text"/>	35 ✓ <input type="checkbox"/> <input type="checkbox"/>
16	<input type="text"/>	16 ✓ <input type="checkbox"/> <input type="checkbox"/>	36	<input type="text"/>	36 ✓ <input type="checkbox"/> <input type="checkbox"/>
17	<input type="text"/>	17 ✓ <input type="checkbox"/> <input type="checkbox"/>	37	<input type="text"/>	37 ✓ <input type="checkbox"/> <input type="checkbox"/>
18	<input type="text"/>	18 ✓ <input type="checkbox"/> <input type="checkbox"/>	38	<input type="text"/>	38 ✓ <input type="checkbox"/> <input type="checkbox"/>
19	<input type="text"/>	19 ✓ <input type="checkbox"/> <input type="checkbox"/>	39	<input type="text"/>	39 ✓ <input type="checkbox"/> <input type="checkbox"/>
20	<input type="text"/>	20 ✓ <input type="checkbox"/> <input type="checkbox"/>	40	<input type="text"/>	40 ✓ <input type="checkbox"/> <input type="checkbox"/>

Marker 2 Signature: Marker 1 Signature: Reading Total:



IELTS Listening Answer Sheet



Candidate Name

Candidate No. Centre No.

Test Date Day Month Year

Listening Listening Listening Listening Listening Listening Listening

1	<input type="text"/>	1 ✓ <input type="checkbox"/> <input type="checkbox"/>	21	<input type="text"/>	21 ✓ <input type="checkbox"/> <input type="checkbox"/>
2	<input type="text"/>	2 ✓ <input type="checkbox"/> <input type="checkbox"/>	22	<input type="text"/>	22 ✓ <input type="checkbox"/> <input type="checkbox"/>
3	<input type="text"/>	3 ✓ <input type="checkbox"/> <input type="checkbox"/>	23	<input type="text"/>	23 ✓ <input type="checkbox"/> <input type="checkbox"/>
4	<input type="text"/>	4 ✓ <input type="checkbox"/> <input type="checkbox"/>	24	<input type="text"/>	24 ✓ <input type="checkbox"/> <input type="checkbox"/>
5	<input type="text"/>	5 ✓ <input type="checkbox"/> <input type="checkbox"/>	25	<input type="text"/>	25 ✓ <input type="checkbox"/> <input type="checkbox"/>
6	<input type="text"/>	6 ✓ <input type="checkbox"/> <input type="checkbox"/>	26	<input type="text"/>	26 ✓ <input type="checkbox"/> <input type="checkbox"/>
7	<input type="text"/>	7 ✓ <input type="checkbox"/> <input type="checkbox"/>	27	<input type="text"/>	27 ✓ <input type="checkbox"/> <input type="checkbox"/>
8	<input type="text"/>	8 ✓ <input type="checkbox"/> <input type="checkbox"/>	28	<input type="text"/>	28 ✓ <input type="checkbox"/> <input type="checkbox"/>
9	<input type="text"/>	9 ✓ <input type="checkbox"/> <input type="checkbox"/>	29	<input type="text"/>	29 ✓ <input type="checkbox"/> <input type="checkbox"/>
10	<input type="text"/>	10 ✓ <input type="checkbox"/> <input type="checkbox"/>	30	<input type="text"/>	30 ✓ <input type="checkbox"/> <input type="checkbox"/>
11	<input type="text"/>	11 ✓ <input type="checkbox"/> <input type="checkbox"/>	31	<input type="text"/>	31 ✓ <input type="checkbox"/> <input type="checkbox"/>
12	<input type="text"/>	12 ✓ <input type="checkbox"/> <input type="checkbox"/>	32	<input type="text"/>	32 ✓ <input type="checkbox"/> <input type="checkbox"/>
13	<input type="text"/>	13 ✓ <input type="checkbox"/> <input type="checkbox"/>	33	<input type="text"/>	33 ✓ <input type="checkbox"/> <input type="checkbox"/>
14	<input type="text"/>	14 ✓ <input type="checkbox"/> <input type="checkbox"/>	34	<input type="text"/>	34 ✓ <input type="checkbox"/> <input type="checkbox"/>
15	<input type="text"/>	15 ✓ <input type="checkbox"/> <input type="checkbox"/>	35	<input type="text"/>	35 ✓ <input type="checkbox"/> <input type="checkbox"/>
16	<input type="text"/>	16 ✓ <input type="checkbox"/> <input type="checkbox"/>	36	<input type="text"/>	36 ✓ <input type="checkbox"/> <input type="checkbox"/>
17	<input type="text"/>	17 ✓ <input type="checkbox"/> <input type="checkbox"/>	37	<input type="text"/>	37 ✓ <input type="checkbox"/> <input type="checkbox"/>
18	<input type="text"/>	18 ✓ <input type="checkbox"/> <input type="checkbox"/>	38	<input type="text"/>	38 ✓ <input type="checkbox"/> <input type="checkbox"/>
19	<input type="text"/>	19 ✓ <input type="checkbox"/> <input type="checkbox"/>	39	<input type="text"/>	39 ✓ <input type="checkbox"/> <input type="checkbox"/>
20	<input type="text"/>	20 ✓ <input type="checkbox"/> <input type="checkbox"/>	40	<input type="text"/>	40 ✓ <input type="checkbox"/> <input type="checkbox"/>

Marker 2 Signature: Marker 1 Signature: Listening Total: