

IELTS Listening and Reading Answer Sheet

Centre number:

Pencil must be used to complete this sheet.

Please write your **full name** in CAPITAL letters on the line below:

Then write your six digit Candidate number in the boxes and shade the number in the grid on the right.



0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

**Test date** (shade ONE box for the day, ONE box for the month and ONE box for the year):**Day:** 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31**Month:** 01 02 03 04 05 06 07 08 09 10 11 12 **Year** (last 2 digits): 09 10 11 12 13 14 15 16 17 18

Listening		Listening		Listening		Listening		Listening		Listening	
		Marker use only				Marker use only				Marker use only	
1		✓ 1 x		21		✓ 21 x					
2		✓ 2 x		22		✓ 22 x					
3		✓ 3 x		23		✓ 23 x					
4		✓ 4 x		24		✓ 24 x					
5		✓ 5 x		25		✓ 25 x					
6		✓ 6 x		26		✓ 26 x					
7		✓ 7 x		27		✓ 27 x					
8		✓ 8 x		28		✓ 28 x					
9		✓ 9 x		29		✓ 29 x					
10		✓ 10 x		30		✓ 30 x					
11		✓ 11 x		31		✓ 31 x					
12		✓ 12 x		32		✓ 32 x					
13		✓ 13 x		33		✓ 33 x					
14		✓ 14 x		34		✓ 34 x					
15		✓ 15 x		35		✓ 35 x					
16		✓ 16 x		36		✓ 36 x					
17		✓ 17 x		37		✓ 37 x					
18		✓ 18 x		38		✓ 38 x					
19		✓ 19 x		39		✓ 39 x					
20		✓ 20 x		40		✓ 40 x					

Marker 2
InitialsMarker 1
InitialsBand
ScoreListening
Total

Please write your **full name** in CAPITAL letters on the line below:

Please write your Candidate number on the line below:

Please write your three digit language code in the boxes and shade the numbers in the grid on the right.



0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9



Are you: Female? ☐ Male? ☐

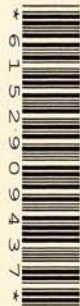
Reading Reading Reading Reading Reading Reading

Module taken (shade one box): Academic ☐ General Training ☐

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

Marker 2 Initials		Marker 1 Initials		Band Score		Reading Total	
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IELTS Writing Answer Sheet – TASK 1



Candidate Name

Centre Number

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Candidate Number

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Module (shade one box):

Academic ☐

General Training ☐

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--	--

--	--	--	--

Test date

□

D

M

M

Y

Y

1

TASK 1

Do not write below this line

Do not write below this line

OFFICIAL USE ONLY

Candidate Number:

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TA		CC		LR		GRA	
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Examiner 2 Number:

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Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible

Candidate Number:

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TA		CC		LR		GRA	
----	--	----	--	----	--	-----	--

Examiner 1 Number:

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Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible

IELTS Writing Answer Sheet – TASK 2



Candidate Name

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Centre Number

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Candidate Number

--	--	--	--	--	--

Module (shade one box):

Academic

1

General Training

1

Test date

--	--

D

D

--	--

M

M

--	--	--	--

Y

Y

Y

Y

TASK 2

Do not write below this line

[illegible]

Do not write below this line !

OFFICIAL USE ONLY

Candidate Number:

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TR		CC		LR		GRA	
----	--	----	--	----	--	-----	--

Examiner 2 Number:

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Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible

Candidate Number:

--	--	--	--	--	--

TR		CC		LR		GRA	
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Examiner 1 Number:

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Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible