

[illegible]

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.

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): 10 11 12 13 14 15 16 17 18 19

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

| | |
|----------------------|--|
| Marker 2 Initials | |
|----------------------|--|

| | |
|----------------------|--|
| Marker 1 Initials | |
|----------------------|--|

| Band Score | |
|------------|--|
|------------|--|

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

Marker 2
Initials

Marker 1
Initials

Band
Score

Reading
Total

IELTS Writing Answer Sheet - TASK 1

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 Task 1 Writing Task 1 Writing Task 1 Writing Task 1

Do not write below this line

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

IELTS Writing Answer Sheet - TASK 2Candidate Name Candidate No. Centre No. Test Module ☐ Academic ☐ General TrainingTest 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 Task 2 Writing Task 2 Writing Task 2 Writing Task 2**

Do not write below this line

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



Candidate
No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Writing Task 2 Writing Task 2 Writing Task 2 Writing Task 2

Handwriting practice area with 20 horizontal lines.

Do not write below this line

OFFICIAL USE ONLY

Examiner 2
number

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Candidate
No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Examiner 1
number

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Candidate
No.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

| | | |
|-------------|--------------|---------|
| Underlength | No. of words | Penalty |
| | | |

| | | |
|-----------|-----------|-----------|
| Off-topic | Memorised | Illegible |
| | | |

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

| | | |
|-------------|--------------|---------|
| Underlength | No. of words | Penalty |
| | | |

| | | |
|-----------|-----------|-----------|
| Off-topic | Memorised | Illegible |
| | | |

