

## 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	
----------------------	--	----------------------	--	---------------	--	------------------	--

## IELTS Writing Answer Sheet – TASK 1



Candidate Name

Centre Number

--	--	--	--	--

Candidate Number

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

Module (shade one box):

Academic

☐

General Training

☐

Test date

--	--

D

D

--	--

M

M

--	--	--	--

Y

Y

Y

Y

## TASK 1

Do not write below this line

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Do not write below this line**

**OFFICIAL USE ONLY**

**Candidate Number:**

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

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

**Examiner 2 Number:**

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

Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible

**Candidate Number:**

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

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

**Examiner 1 Number:**

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

Underlength	No. of words	Penalty

Off-topic	Memorised	Illegible

## IELTS Writing Answer Sheet – TASK 2



Candidate Name

Centre Number

--	--	--	--	--

Candidate Number

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

Module (shade one box):

Academic

☐

General Training

☐

Test date

--	--

D

D

--	--

M

M

--	--	--	--

Y

Y

Y

Y

## TASK 2

Do not write below this line

