

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 ID number in the grid on the right and shade the number in the grid on the right.

Test date (shade ONE box for the day, month and 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) 01 02 03 04 05 06 07 08 09 10 11 12

For Tâm

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

Marker 2
InitialsMarker 1
InitialsBand
ScoreListening
Total