

# 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="checkbox"/> ✗ <input type="checkbox"/> |
| 2  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 3  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 4  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 5  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 6  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 7  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 8  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 9  |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 10 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 11 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 12 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 13 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 14 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 15 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 16 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 17 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 18 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 19 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 20 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |

|    |  |                                                       |
|----|--|-------------------------------------------------------|
| 21 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 22 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 23 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 24 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 25 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 26 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 27 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 28 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 29 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 30 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 31 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 32 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 33 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 34 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 35 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 36 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 37 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 38 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 39 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |
| 40 |  | ✓ <input type="checkbox"/> ✗ <input type="checkbox"/> |

Marker 2  
Signature:

\_\_\_\_\_

Marker 1  
Signature:

\_\_\_\_\_

Listening Total:

\_\_\_\_



20656

