BRITISH COUNCIL

idp IELTS AUSTRALIA

UNIVERSITY of CAMBRIDGE ESOL Examinations

## 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 Candi
shade the number in the grid o

**Test date** (shade ONE box

**Day:** 01 02 03 04 05 ... 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

# Test 2

| Listening | | Marker use only | Listening | | 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 Initials | | Marker 1 Initials | | Band Score | | Listening Total | |
|---|---|---|---|---|---|---|---|



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LIVEWORKSHEETS