

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

Marker 2 Signature:  Marker 1 Signature:  Listening Total: 

20656

