

IELTS Listening Answer Sheet



Candidate Name

Candidate No. Centre No.

Test Date Day Month Year

Listening Listening Listening Listening Listening Listening Listening

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

Marker 2 Signature:

Marker 1 Signature:

Listening Total: