

IELTS Reading Answer Sheet

Candidate Name

Candidate No. Centre No.

Test Module Academic General Training Test Date Day Month Year

Reading Reading Reading Reading Reading Reading Reading

		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:

Reading Total: