

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

Marker 2 Signature:  Marker 1 Signature:  Reading Total:

