

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

Marker 2 Signature:  Marker 1 Signature:  Reading Total:

