

Date: _____

Name: _____

Equivalent Fractions: Sheet 5

Indicate whether the fractions are equivalent. Use = or \neq .

| | |
|--|---|
| 1) $\frac{1}{2}$ <input checked="" type="checkbox"/> $\frac{3}{6}$ | 2) $\frac{4}{5}$ <input checked="" type="checkbox"/> $\frac{6}{10}$ |
| 3) $\frac{1}{6}$ <input checked="" type="checkbox"/> $\frac{2}{12}$ | 4) $\frac{3}{4}$ <input checked="" type="checkbox"/> $\frac{9}{12}$ |
| 5) $\frac{1}{3}$ <input checked="" type="checkbox"/> $\frac{3}{6}$ | 6) $\frac{2}{5}$ <input checked="" type="checkbox"/> $\frac{4}{10}$ |
| 7) $\frac{5}{7}$ <input checked="" type="checkbox"/> $\frac{9}{14}$ | 8) $\frac{3}{4}$ <input checked="" type="checkbox"/> $\frac{6}{8}$ |
| 9) $\frac{1}{2}$ <input checked="" type="checkbox"/> $\frac{5}{10}$ | 10) $\frac{2}{3}$ <input checked="" type="checkbox"/> $\frac{8}{12}$ |
| 11) $\frac{3}{5}$ <input checked="" type="checkbox"/> $\frac{7}{15}$ | 12) $\frac{5}{6}$ <input checked="" type="checkbox"/> $\frac{15}{18}$ |