

Date: \_\_\_\_\_

Name: \_\_\_\_\_

## Equivalent Fractions: Sheet 6

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

1) $\frac{3}{4}$ <input checked="" type="checkbox"/> $\frac{6}{8}$	2) $\frac{5}{7}$ <input checked="" type="checkbox"/> $\frac{25}{35}$
3) $\frac{5}{6}$ <input checked="" type="checkbox"/> $\frac{10}{15}$	4) $\frac{3}{8}$ <input checked="" type="checkbox"/> $\frac{9}{24}$
5) $\frac{4}{7}$ <input checked="" type="checkbox"/> $\frac{8}{14}$	6) $\frac{3}{8}$ <input checked="" type="checkbox"/> $\frac{5}{16}$
7) $\frac{7}{9}$ <input checked="" type="checkbox"/> $\frac{14}{18}$	8) $\frac{5}{9}$ <input checked="" type="checkbox"/> $\frac{15}{27}$
9) $\frac{4}{9}$ <input checked="" type="checkbox"/> $\frac{8}{18}$	10) $\frac{1}{2}$ <input checked="" type="checkbox"/> $\frac{25}{50}$
11) $\frac{3}{5}$ <input checked="" type="checkbox"/> $\frac{15}{25}$	12) $\frac{5}{12}$ <input checked="" type="checkbox"/> $\frac{15}{24}$