Name :	Scor	e:
Teacher:	Date	:

Is the Number to the left of each row divisible by the Number at top of each column? Write YES or NO in each box.

	2	3	4	5	6	9
25						
16						
36						
88						
52						
27						
48						
48 34						
81						
64						
<ul><li>86</li><li>57</li></ul>						
57						