

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**Factors: fill in the blanks and check the prime numbers**

PRIME	NUMBER	FACTORS
<input type="checkbox"/>	7	: 7, _____
<input type="checkbox"/>	8	: 8, _____, _____, _____
<input type="checkbox"/>	9	: 9, 3, _____
<input type="checkbox"/>	10	: 10, 5, _____, _____
<input type="checkbox"/>	11	: 11, _____
<input type="checkbox"/>	12	: 12, _____, 4, _____, 2, 1
<input type="checkbox"/>	13	: 13, _____
<input type="checkbox"/>	14	: 14, 7, _____, 1
<input type="checkbox"/>	15	: 15, 5, 3, _____
<input type="checkbox"/>	16	: 16, 8, _____, _____, 1
<input type="checkbox"/>	17	: 17, _____
<input type="checkbox"/>	18	: 18, 9, _____, 3, _____, _____
<input type="checkbox"/>	19	: 19, _____

## Answers

PRIME	NUMBER	FACTORS
<input checked="" type="checkbox"/>	7	: 7, 1
<input type="checkbox"/>	8	: 8, 4, 2, 1
<input type="checkbox"/>	9	: 9, 3, 1
<input type="checkbox"/>	10	: 10, 5, 2, 1
<input checked="" type="checkbox"/>	11	: 11, 1
<input type="checkbox"/>	12	: 12, 6, 4, 3, 2, 1
<input checked="" type="checkbox"/>	13	: 13, 1
<input type="checkbox"/>	14	: 14, 7, 2, 1
<input type="checkbox"/>	15	: 15, 5, 3, 1
<input type="checkbox"/>	16	: 16, 8, 4, 2, 1
<input checked="" type="checkbox"/>	17	: 17, 1
<input type="checkbox"/>	18	: 18, 9, 6, 3, 2, 1
<input checked="" type="checkbox"/>	19	: 19, 1