

NAME _____ DATE _____

0–10 Multiplication Table

X	0	1	2	3	4	5	6	7	8	9	10
0											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Legend

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____