

Name: _____

Date: _____

Practice Skip Counting : Skip by 2

2		6		10		14		18	
22		26		30		34		38	
42		46		50		54		58	
62		66		70		74		78	
82		86		90		94		98	

Practice Skip Counting : Skip by 5

5		15		25		35		45	
55		65		75		85		95	

Practice Skip Counting : Skip by 10

10		30		50		70		90	
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Practice Skip Counting : Skip by 20

20		60		100
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