

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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