

Name: _____

Date: _____

Practice Skip Counting : Skip by 2

2		6		10		14		18	
22		26	28		32	34		38	40
42	44		48	50		54	56		60
	64	66	68		72	74		78	80
82	84		88		92		96	98	

Practice Skip Counting : Skip by 5

5		15	20			35	40	45	
	60	65			80	85		95	100

Practice Skip Counting : Skip by 10

10	20			50		70	80		
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Practice Skip Counting : Skip by 20

20			80	
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