

Name: _____

Date: _____

Practice Skip Counting : Skip by 2

2	4	6	8	10		14	16		20
22		26	28		32			38	
42	44			50	52			58	60
62	64			70		74	76		80
82		86	88		92	94	96	98	

Practice Skip Counting : Skip by 5

5	10		20		30	35		45	50
55		65		75		85	90	95	

Practice Skip Counting : Skip by 10

10	20		40		60	70			100
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Practice Skip Counting : Skip by 20

20		60		
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