

Name: _____

Date: _____

Practice Skip Counting : Skip by 2

2		6		10		14		18	
42		46		50		54		58	
82		86		90		94		98	

Practice Skip Counting : Skip by 5

5			20			35			50
55	60							95	100

Practice Skip Counting : Skip by 10

10	20			50	60				100
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Practice Skip Counting : Skip by 20

20	40			100
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