

| Name: | | | Date: | |
|-------|--------------------|---------------|----------------|-----|
| | Practice | Skip Countin | g: Skip by 2 | |
| 2 | | | | 20 |
| 22 | | | | 40 |
| 42 | | | | 60 |
| 62 | | | 150 | 80 |
| 82 | | | . 00 | 100 |
| 5 | | 10) | | 50 |
| 5 | | | | 50 |
| 55 | | 7//// | | 100 |
| | <u>Practice</u> \$ | Skip Counting | g : Skip by 10 | |
| 10 | | | | 100 |
| | Practice 3 | Skip Counting | g : Skip by 20 | · |

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