

NAME: _____

DATE: _____

Skip Counting : Skip By 2

2		6		10		14		18	20
	24		28		32		36		40
42		46		50		54		48	
	64		68		72		76		80
82		86		90		94		98	

Skip Counting : Skip By 5

	10		20		30		40		50
55		65		75		85		95	

Skip Counting : Skip By 10

10		30			60				100
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