

Name: _____

Date: _____

SKIP COUNTING

Count by the number shown. Fill in the missing numbers.

Count by 5s

30		40	45		55
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Count by 10s

100		120	130	140	
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Count by 5s

30	35	40		50	
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Count by 10s

40	50	60		80	
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Count by 5s

40		50	55		65
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