

Name: _____

Date: _____

SKIP COUNTING

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

Count by 10s

40		60	70		90
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Count by 5s

10		20	25		35
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Count by 10s

10	20	30		50	
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Count by 10s

80	90		110		130
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Count by 10s

30		50	60		80
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