Name .		Score .	
Teacher:		Date :	
Complete the Skip Counting Series			
2 ,	4 , 6 ,,,	,	-,
28,	30,32,,,	,	_,
13,	15, 17,,	,	_ 1
16,	18, 20,,,	,	_,
14,	16, 18,,,	,	_,
9,	11, 13,,,	,	_,
7,	9 , 11 , , ,	,	_,
17,	19, 21,,	,	_,
24,	26, 28,,,	,	_,

32, 34, 36, ___, ___, ___, ___



