

Name : _____ Score : _____

Teacher : _____ Date : _____

Complete the Skip Counting Series

2 , 4 , 6 , _____ , _____ , _____ , _____ , _____

28 , 30 , 32 , _____ , _____ , _____ , _____ , _____

13 , 15 , 17 , _____ , _____ , _____ , _____ , _____

16 , 18 , 20 , _____ , _____ , _____ , _____ , _____

14 , 16 , 18 , _____ , _____ , _____ , _____ , _____

9 , 11 , 13 , _____ , _____ , _____ , _____ , _____

7 , 9 , 11 , _____ , _____ , _____ , _____ , _____

17 , 19 , 21 , _____ , _____ , _____ , _____ , _____

24 , 26 , 28 , _____ , _____ , _____ , _____ , _____

32 , 34 , 36 , _____ , _____ , _____ , _____ , _____

