

Name : _____ Score : _____

Teacher : _____ Date : _____

Complete the Skip Counting Series

27 , 30 , 33 , _____ , _____ , _____ , _____ , _____

22 , 25 , 28 , _____ , _____ , _____ , _____ , _____

30 , 33 , 36 , _____ , _____ , _____ , _____ , _____

20 , 23 , 26 , _____ , _____ , _____ , _____ , _____

16 , 19 , 22 , _____ , _____ , _____ , _____ , _____

15 , 18 , 21 , _____ , _____ , _____ , _____ , _____

8 , 11 , 14 , _____ , _____ , _____ , _____ , _____

3 , 6 , 9 , _____ , _____ , _____ , _____ , _____

12 , 15 , 18 , _____ , _____ , _____ , _____ , _____

23 , 26 , 29 , _____ , _____ , _____ , _____ , _____