Name: _____     Date: _____

# COUNTING 1 - 20

## Fill in the boxes.

| 1 | | 3 | 4 | |
| --- | --- | --- | --- | --- |
| | 7 | | | 10 |
| 11 | | 13 | 14 | |
| | 17 | | 19 | 20 |