Name: .... **Date:** ....

Counting And Skip Counting : Number Line

Count by 2s and fill in the blanks

3 ☐ 5 ☐ 7 ☐ 9 ☐ 11 ☐ 13 ☐

☐ 9 ☐ 11 ☐ 13 ☐ 15 ☐ 17 ☐ 19

17 ☐ 19 ☐ 21 ☐ 23 ☐ 25 ☐ 27 ☐

☐ 24 ☐ 26 ☐ 28 ☐ 30 ☐ 32 ☐ 34