

NUMBER PRACTICE



NAME: _____ DATE: _____

1	2	3	4	5
1	2	3	4	5
6	7	8	9	10
6	7	8	9	10

NUMBER PRACTICE



NAME: _____ DATE: _____

1	2	3	4	5
1	2	3	4	5
6	7	8	9	10
6	7	8	9	10

NUMBER PRACTICE

11	12	13	14	15
11	12	13	14	15
16	17	18	19	20
16	17	18	19	20

NUMBER PRACTICE

11	12	13	14	15
11	12	13	14	15
16	17	18	19	20
16	17	18	19	20