

Name: _____

Date: _____

Skip Counting

Skip Counting by 5

85

95

100

120

125

140

145

155

165

180

190

200

205

210

220

230

240

245

255

265

275

285

300

305

315

325

335

345

Name: _____

Date: _____

Skip Counting

Skip Counting by 5

85

90

95

100

105

110

115

120

125

130

135

140

145

150

155

160

165

170

175

180

185

190

195

200

205

210

215

220

225

230

235

240

245

250

255

260

265

270

275

280

285

290

295

300

305

310

315

320

325

330

335

340

345

350