

School _____

teacher _____

Skip Counting Record (Middle and Upper Primary)

This checklist is designed for inclusion in 'reader covers' to assist teachers and parents in ensuring important number sense skills are supported methodically at home and at school.

Student name _____

Your parent or teacher will sign and date the counting pattern when you achieve it.



Count by		signed	date
2s	2 4 6 8 10 12 14 16 18 20	<input checked="" type="checkbox"/>	
3s	3 6 9 12 15 18 21 24 27 30		
4s	4 8 12 16 20 24 28 32 36 40		
5s	5 10 15 20 25 30 35 40 45 50	<input checked="" type="checkbox"/>	
6s	6 12 18 24 30 36 42 48 54 60		
7s	7 14 21 28 35 42 49 56 63 70		
8s	8 16 24 32 40 48 56 64 72 80		
9s	9 18 27 36 45 54 63 72 81 90		
10s	10 20 30 40 50 60 70 80 90 100	<input checked="" type="checkbox"/>	