Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T: Counting on in 5’s**

**Practise ‘skip counting’. Fill in the missing numbers using a coloured pencil or pen, so you can see the pattern of 5’s.**

**Complete the missing numbers in the sequences**.



