

Name \_\_\_\_\_

Date \_\_\_\_\_

Recognizes number

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<b>0</b>	<b>10</b>	<b>20</b>	<b>60</b>
<b>1</b>	<b>11</b>	<b>21</b>	<b>65</b>
<b>2</b>	<b>12</b>	<b>22</b>	<b>70</b>
<b>3</b>	<b>13</b>	<b>25</b>	<b>75</b>
<b>4</b>	<b>14</b>	<b>30</b>	<b>80</b>
<b>5</b>	<b>15</b>	<b>35</b>	<b>85</b>
<b>6</b>	<b>16</b>	<b>40</b>	<b>90</b>
<b>7</b>	<b>17</b>	<b>45</b>	<b>95</b>
<b>8</b>	<b>18</b>	<b>50</b>	<b>100</b>
<b>9</b>	<b>19</b>	<b>55</b>	

**Counts by ones to:**

**Counts by 5's to:**

**Counts by 10's to:**

**Counts by 2's to:**

**NOTES:**

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_