

Name: _____

Independent / Some adult support / A lot of adult support

Date: _____

Number names

2	four	12	thirteen
8	ten	17	twelve
4	one	13	eleven
7	eight	11	twenty
1	two	19	seventeen
10	seven	20	sixteen
3	nine	14	fifteen
9	three	16	eighteen
5	six	18	nineteen
6	five	15	fourteen

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