

Name: _____

Independent / Some adult support / A lot of adult support

Date: _____

Number names

2

four

8

ten

4

one

7

eight

1

two

10

seven

3

nine

9

three

5

six

6

five

12

thirteen

17

twelve

13

eleven

11

twenty

19

seventeen

20

sixteen

14

fifteen

16

eighteen

18

nineteen

15

fourteen