

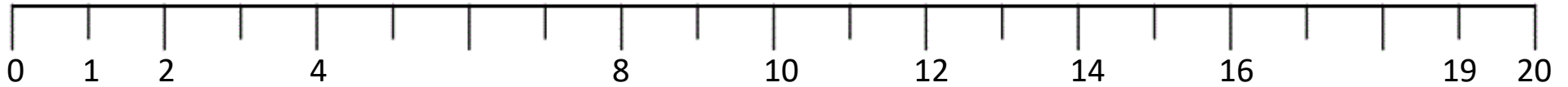
Name

Date



## NUMBER LINE 0 TO 20 SHEET 2

Write in the missing values on each of the number lines.



Name

Date



## NUMBER LINE 0 TO 20 SHEET 2 ANSWERS

Write in the missing values on each of the number lines.

