



# Born to Learn™ Preliminary Program Plan Prenatal to 3 Years

## I. PROGRAM INFORMATION

Primary Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization/Program Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Anticipated date and location of *Born to Learn*™ Institute \_\_\_\_\_

A. Briefly describe the basic nature and purpose of your organization. Attach an organizational chart, and any other relevant program information, if available.

\_\_\_\_\_  
\_\_\_\_\_

B. What criteria were used in the decision to implement the *Born to Learn*™ model?

\_\_\_\_\_  
\_\_\_\_\_

C. Funding Sources

Please Note: A plan for 3 years of sustainable funding is required to implement the *Born to Learn*™ model.

1. Name and describe the role of your fiscal agent: \_\_\_\_\_

\_\_\_\_\_

2. List primary funding source(s):

Funding Source(s)	% of Total Funding	Duration of Funding	Renewable (yes/no)
Federal _____	_____	_____	_____
State _____	_____	_____	_____
Local _____	_____	_____	_____
Private _____	_____	_____	_____
Other _____	_____	_____	_____

**I. PROGRAM INFORMATION (continued)**

3. List secondary funding source(s) if any:

Funding Source(s)	% of Total Funding	Duration of Funding	Renewable (yes/no)
Federal _____	_____	_____	_____
State _____	_____	_____	_____
Local _____	_____	_____	_____
Private _____	_____	_____	_____
Other _____	_____	_____	_____

**II. PROGRAM DESIGN**

A. The PAT model is implemented in a variety of program designs. Complete a site information table for each site. Check all items that apply.

Primary Site Info	Type	Services
Primary Site Name	<input type="checkbox"/> Administrative only <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Even Start <input type="checkbox"/> Title I <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Family Resource Center <input type="checkbox"/> Accredited Child Care <input type="checkbox"/> HIPPY <input type="checkbox"/> FACE <input type="checkbox"/> School District <input type="checkbox"/> Faith-based organization <input type="checkbox"/> Medically related organization <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Health <input type="checkbox"/> Mental health <input type="checkbox"/> Social services <input type="checkbox"/> Basic adult education <input type="checkbox"/> Child care <input type="checkbox"/> Preschool <input type="checkbox"/> Early intervention <input type="checkbox"/> Literacy <input type="checkbox"/> Work readiness training <input type="checkbox"/> Administrative <input type="checkbox"/> Other (specify) _____

**II. PROGRAM DESIGN (continued)**

Additional Site Info	Type	Services
Site name, contact person, address (street, city, state, ZIP), phone, fax, email	<input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Even Start <input type="checkbox"/> Title I <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Family Resource Cen- ter <input type="checkbox"/> Accredited Child Care <input type="checkbox"/> HIPPY <input type="checkbox"/> FACE <input type="checkbox"/> School District <input type="checkbox"/> Faith-based organiza- tion <input type="checkbox"/> Medically related orga- nization <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Health <input type="checkbox"/> Mental health <input type="checkbox"/> Social services <input type="checkbox"/> Basic adult education <input type="checkbox"/> Child care <input type="checkbox"/> Preschool <input type="checkbox"/> Early intervention <input type="checkbox"/> Literacy <input type="checkbox"/> Work readiness training <input type="checkbox"/> Administrative <input type="checkbox"/> Other (specify) _____

Additional Site Info	Type	Services
Site name, contact person, address (street, city, state, ZIP), phone, fax, email	<input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Even Start <input type="checkbox"/> Title I <input type="checkbox"/> Healthy Families America <input type="checkbox"/> Family Resource Cen- ter <input type="checkbox"/> Accredited Child Care <input type="checkbox"/> HIPPY <input type="checkbox"/> FACE <input type="checkbox"/> School District <input type="checkbox"/> Faith-based organiza- tion <input type="checkbox"/> Medically related orga- nization <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Health <input type="checkbox"/> Mental health <input type="checkbox"/> Social services <input type="checkbox"/> Basic adult education <input type="checkbox"/> Child care <input type="checkbox"/> Preschool <input type="checkbox"/> Early intervention <input type="checkbox"/> Literacy <input type="checkbox"/> Work readiness training <input type="checkbox"/> Administrative <input type="checkbox"/> Other (specify) _____

If you have more than 3 sites, please duplicate this page as needed to cover all sites using the *Born to Learn™* model.

## II. PROGRAM DESIGN (continued)

B. Check all populations that will be served at all sites:

- |   |  |
|---|--|
| <input type="checkbox"/> Universal access                   | <input type="checkbox"/> Involvement with corrections systems            |
| <input type="checkbox"/> First-time parents                 | <input type="checkbox"/> Unemployed families                             |
| <input type="checkbox"/> Single parents                     | <input type="checkbox"/> Migrant families                                |
| <input type="checkbox"/> Teen parents                       | <input type="checkbox"/> Families who speak English as a second language |
| <input type="checkbox"/> Title I Program                    | <input type="checkbox"/> Children with disabilities                      |
| <input type="checkbox"/> Foster parents                     | <input type="checkbox"/> Parents with disabilities                       |
| <input type="checkbox"/> Parents of low birthweight infants | <input type="checkbox"/> Parents mandated through courts                 |
| <input type="checkbox"/> Low income families                | <input type="checkbox"/> Other (specify) _____                           |
| <input type="checkbox"/> Low educational attainment         |  |
| <input type="checkbox"/> Drug and/or alcohol dependencies   |  |

C. What age of children will the *Born to Learn*<sup>TM</sup> model serve? (Check all that apply.)

- Prenatal to 3 years
- Prenatal to kindergarten entry (additional training is available for 3 years to kindergarten entry)
- 2 years to kindergarten entry
- 3 years to kindergarten entry

D. Describe the community demographics. (Check all that apply to the area being served.)

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Urban    | <input type="checkbox"/> Rural      |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Small Town |

E. What are the most representative purposes of the *Born to Learn*<sup>TM</sup> services (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Provide parent education/support          | <input type="checkbox"/> Provide early intervention        |
| <input type="checkbox"/> Promote school readiness                  | <input type="checkbox"/> Promote literacy                  |
| <input type="checkbox"/> Provide prenatal support                  | <input type="checkbox"/> Provide early childhood education |
| <input type="checkbox"/> Promote child development                 | <input type="checkbox"/> Other (specify) _____             |
| <input type="checkbox"/> Promote quality child care                |  |
| <input type="checkbox"/> Prevent child abuse                       |  |
| <input type="checkbox"/> Promote use of preventive health services |  |

**II. PROGRAM DESIGN (continued)**

G. Program Staffing and Training

1. How many staff members will be attending the *Born to Learn*<sup>TM</sup> Implementation Institute?

- | <u>Supervisor(s)</u>   | <u>Parent Educator(s)</u>  |
|--|--|
| <input type="checkbox"/> 2-day <i>Born to Learn</i> <sup>TM</sup> Implementation Institute (plus a day of follow-up training)<br>Number attending: _____ | All Parents as Teachers parent educators attend a 5-day <i>Born to Learn</i> <sup>TM</sup> Implementation Institute, plus a day of follow-up training, in order to be certified to provide personal visits to families with children.<br>Number attending: _____ |
| <input type="checkbox"/> 5-day <i>Born to Learn</i> <sup>TM</sup> Implementation Institute (plus a day of follow-up training)<br>Number attending: _____ |  |

2. Briefly outline staff's other responsibilities, if any, in addition to implementing the *Born to Learn*<sup>TM</sup> model.

- a. Supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_
- b. Parent educator(s): \_\_\_\_\_  
 \_\_\_\_\_
- c. Other(s): \_\_\_\_\_  
 \_\_\_\_\_

3. What education and experience will be required? (Check all that apply.)

- | <u>Supervisor(s)</u>  | <u>Parent Educator(s)</u>   |
|---|---|
| <input type="checkbox"/> Graduate degree  | <input type="checkbox"/> 4-year degree  |
| <input type="checkbox"/> 4-year degree  | <input type="checkbox"/> 2-year degree with 2 years supervised experience working with young children |
| <input type="checkbox"/> 2-year degree with 2 years supervised experience working with young children | <input type="checkbox"/> High school with 5 years supervised experience working with young children   |
| <input type="checkbox"/> Other (specify) _____<br>_____   | <input type="checkbox"/> Other (specify) _____<br>_____   |
| <input type="checkbox"/> Area(s) of concentration: _____<br>_____                                     | <input type="checkbox"/> Area(s) of concentration: _____<br>_____                                     |
| <input type="checkbox"/> Graduate degree  |   |

## II. PROGRAM DESIGN (continued)

### H. Facilities & Materials

1. Parents as Teachers staff will have access to the following: (check all that apply)

<input type="checkbox"/> Office space	<input type="checkbox"/> Toys	<input type="checkbox"/> Fax machine
<input type="checkbox"/> Record storage	<input type="checkbox"/> Copier	<input type="checkbox"/> Computer
<input type="checkbox"/> Supplies	<input type="checkbox"/> Phone	<input type="checkbox"/> Internet access
<input type="checkbox"/> Books		
  
2. Will program staff have access to space for parent group meetings?  
(Consider budgeting for food, transportation, and childcare for parent group meetings.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
  
3. Have you budgeted for books, toys, and educational supplies?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
  
4. Have you budgeted for transportation for PAT staff conducting personal visits?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
  
5. Have you budgeted for staff professional development and recertification?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### III. PROGRAM SERVICE DELIVERY

#### A. Program Services

1. Estimated number of *Born to Learn*<sup>TM</sup> families to be served using the *Born to Learn*<sup>TM</sup> model in first full year: \_\_\_\_\_
2. Number of months per year program will use the *Born to Learn*<sup>TM</sup> model: \_\_\_\_\_
3. Will all families be offered the same number of visits per year?       Yes       No
4. What determines the number of visits per year? \_\_\_\_\_  
\_\_\_\_\_

#### B. Personal Visits

First year parent educators need 2½ hours per visit.

1. Frequency of *Born to Learn*<sup>TM</sup> visits to be offered per family each year: (Check all that apply.)  
 weekly     bi-weekly     monthly     other
2. Estimated number of families to be served using the *Born to Learn*<sup>TM</sup> model per full-time parent educator: \_\_\_\_\_
3. Estimated number of families to be served using the *Born to Learn*<sup>TM</sup> model per part-time parent educator: \_\_\_\_\_
4. *Born to Learn*<sup>TM</sup> personal visits will typically be held:  
 in homes     in centers     combination home/center

#### C. Group Meetings for Parents

1. Estimated number of Parents as Teachers group meetings to be offered each year: \_\_\_\_\_
2. How will group meetings be staffed? (check all that apply)  
 Parents as Teachers Parent Educators       Other Program Staff  
 Parents as Teachers Supervisors       Outside Resources
3. Frequency and types of group meetings  
Frequency:      Types of meeting:  
 Weekly       Parent meeting with speaker  
 Bi-weekly       Parent/child meeting with speaker  
 Monthly       Parent/child interaction meeting  
 Bi-monthly       Other (please describe) \_\_\_\_\_  
 Other (please describe) \_\_\_\_\_

### III. PROGRAM SERVICE DELIVERY (continued)

#### D. Screenings

Please note: Annual developmental, health, hearing, and vision screenings should be completed for each child with the parent present.

	Developmental	Health	Hearing	Vision
1. What age-appropriate screening instrument(s) will be used?	<input type="checkbox"/> Denver II <input type="checkbox"/> Ages & Stages Questionnaire <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Parents as Teachers Health Record <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Observational Assessment <input type="checkbox"/> Tympanometer <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Functional Assessment <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____
2. Where will the screening typically occur?	<input type="checkbox"/> Child's Home <input type="checkbox"/> Program Center <input type="checkbox"/> Medical Center <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Child's Home <input type="checkbox"/> Program Center <input type="checkbox"/> Medical Center <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Child's Home <input type="checkbox"/> Program Center <input type="checkbox"/> Medical Center <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Child's Home <input type="checkbox"/> Program Center <input type="checkbox"/> Medical Center <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____
3. Who will conduct the screening?	<input type="checkbox"/> Parents as Teachers Staff <input type="checkbox"/> School nurse <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Speech and Language Pathologist <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Parents as Teachers Staff <input type="checkbox"/> School nurse <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Speech and Language Pathologist <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Parents as Teachers Staff <input type="checkbox"/> School nurse <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Speech and Language Pathologist <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Parents as Teachers Staff <input type="checkbox"/> School nurse <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____
4. If other than program staff conducts screening, how will program receive results?	<input type="checkbox"/> Written copy will be sent <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Written copy will be sent <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Written copy will be sent <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Written copy will be sent <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____
5. How will parents receive results?	<input type="checkbox"/> Verbally <input type="checkbox"/> Written results <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbally <input type="checkbox"/> Written results <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbally <input type="checkbox"/> Written results <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbally <input type="checkbox"/> Written results <input type="checkbox"/> Not yet decided <input type="checkbox"/> Other _____

**III. PROGRAM SERVICE DELIVERY (continued)**

E. Resource Network

1. Families will be able to access these community resources:  
(Check all that apply.)

- Hospitals/health clinics
- Speech and hearing clinics
- Diagnostic services
- Programs for children with special needs
- Department of social services
- WIC offices
- Housing authority
- Public utility assistance
- Food pantries
- Shelters
- Financial assistance
- Crisis nurseries
- Mental health agencies
- Public transportation offices
- Counseling resources
- Early Head Start/Head Start
- Even Start
- Child care facilities
- Libraries
- Literacy or GED programs
- Job training programs
- Legal
- Faith-based organizations
- Other (specify)\_\_\_\_\_

2. Do you have a plan for helping staff to become knowledgeable about these community resources?  
 Yes  No

**IV. PROGRAM MANAGEMENT**

A. Recruitment

1. Briefly describe the plan for recruiting prospective Parents as Teachers families in the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has money been budgeted for recruitment (i.e., radio, fliers, announcements, etc.)?  
 Yes  No

B. Public Awareness/Marketing Plan

1. Who will be responsible for promoting the marketing plan and related activities?  
(Check all that apply.)

- Parents as Teachers Supervisor(s)
- Parent Educators
- Internal Coordinating Council
- Community Council
- Other (specify)\_\_\_\_\_

## IV. PROGRAM MANAGEMENT (continued)

2. Which of the following strategies will be used to promote the Born to Learn™ model in your community? (Check all that apply.)
- Obtain program commitment to actively promote the *Born to Learn*™ model
  - Work with the internal coordinating committee and community council
  - Identify individuals and groups who need to be informed about *Born to Learn*™
  - Develop a community awareness and publicity plan and budget
  - Utilize existing Parents as Teachers National Center materials
  - Develop marketing materials
  - Recruit prospective parents
  - Generate community support through an aggressive media campaign
  - Evaluate program performance and keep the community informed of program progress
  - Honor and recognize outstanding contributors to the program
  - Other (specify) \_\_\_\_\_
3. Who in the community will be contacted to help with promoting the *Born to Learn*™ model? (Check all that apply.)
- |  |  |
|--|--|
| <input type="checkbox"/> Parents                       | <input type="checkbox"/> Legislators                 |
| <input type="checkbox"/> School board members          | <input type="checkbox"/> Local business and industry |
| <input type="checkbox"/> Teachers                      | <input type="checkbox"/> Civic organizations         |
| <input type="checkbox"/> School administrators         | <input type="checkbox"/> PTA/PTO                     |
| <input type="checkbox"/> Health care providers         | <input type="checkbox"/> Senior citizen groups       |
| <input type="checkbox"/> Mental health representatives | <input type="checkbox"/> Local colleges              |
| <input type="checkbox"/> Child abuse prevention agency | <input type="checkbox"/> Local celebrities           |
| <input type="checkbox"/> Child welfare agency          | <input type="checkbox"/> Local advertising agencies  |
| <input type="checkbox"/> Early childhood educators     | <input type="checkbox"/> Radio stations              |
| <input type="checkbox"/> Child care centers            | <input type="checkbox"/> Newspaper reporters         |
| <input type="checkbox"/> Social service agencies       | <input type="checkbox"/> Television stations         |
| <input type="checkbox"/> Faith-based organizations     | <input type="checkbox"/> Other (specify) _____       |

## IV. PROGRAM MANAGEMENT (continued)

### C. Internal Coordinating Committee and Community Council

Please note: Some organizations choose to combine the internal coordinating committee and the community council. Who will help establish, implement, and maintain the *Born to Learn*<sup>TM</sup> model as an integral part of your organization?

	<u>Internal Coordinating Committee</u>	<u>Community Council</u>	<u>Combined Committee &amp; Council</u>
<p>1. Who will be included? (Check all that apply.)</p>	<input type="checkbox"/> PAT Supervisor(s) <input type="checkbox"/> Parent Educator(s) <input type="checkbox"/> List other district/agency personnel: _____ _____ _____ _____ <input type="checkbox"/> Other (specify) _____ _____ _____	<input type="checkbox"/> PAT Supervisor(s) <input type="checkbox"/> Parent Educator(s) <input type="checkbox"/> School board members <input type="checkbox"/> Teachers <input type="checkbox"/> School administrators <input type="checkbox"/> Health care providers <input type="checkbox"/> Mental health representatives <input type="checkbox"/> Child abuse prevention agency <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Early childhood education representatives <input type="checkbox"/> Child care representatives <input type="checkbox"/> Social service agencies <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Legislators <input type="checkbox"/> Local business and industry <input type="checkbox"/> Civic organizations <input type="checkbox"/> PTA/PTO <input type="checkbox"/> Senior citizen groups <input type="checkbox"/> Local colleges <input type="checkbox"/> Grandparents <input type="checkbox"/> Media representatives <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> PAT Supervisor(s) <input type="checkbox"/> Parent Educator(s) <input type="checkbox"/> School board members <input type="checkbox"/> Teachers <input type="checkbox"/> School administrators <input type="checkbox"/> Health care providers <input type="checkbox"/> Mental health representatives <input type="checkbox"/> Child abuse prevention agency <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Early childhood education representatives <input type="checkbox"/> Child care representatives <input type="checkbox"/> Social service agencies <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Legislators <input type="checkbox"/> Local business and industry <input type="checkbox"/> Civic organizations <input type="checkbox"/> PTA/PTO <input type="checkbox"/> Senior citizen groups <input type="checkbox"/> Local colleges <input type="checkbox"/> Grandparents <input type="checkbox"/> Media representatives <input type="checkbox"/> District/agency personnel <input type="checkbox"/> Other (specify) _____ _____
<p>2. When will the committee(s) be in place? (estimated date)</p>	_____	_____	_____ _____
<p>3. How often will the committee(s) meet?</p>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____

## IV. PROGRAM MANAGEMENT (continued)

### D. Record Keeping

What system will be used to gather and maintain information?

1. For family files: (Check all that apply.)

- Handwritten reports (e.g., personal visit reports)
- Tracking forms (e.g., summary of service)
- Computer tracking system
- Other (specify) \_\_\_\_\_

2. For annual reporting purposes: (Check all that apply.)

- Handwritten reports (e.g., personal visit reports)
- Tracking forms (e.g., summary of service)
- Computer tracking system
- Other (specify) \_\_\_\_\_

### E. Program Evaluation

1. Have funds been allocated for evaluation?

- Yes                       No

2. How do you plan to measure success in achieving service goals and outcomes for children and parents?

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3. How will program evaluation information be collected? (Check all that apply.)

- Interviews or survey questionnaires with program participants
- Interviews or survey questionnaires with program staff
- Interviews or survey questionnaires with program administrators
- Interviews or survey questionnaires with collaborating agencies
- Parent satisfaction surveys
- Service record review
- Assessments of participating children
- Assessments of participating adults
- Supervisor observations of service delivery
- Questionnaires or rating sheets from participants on parent knowledge and/or attitudes
- Other (specify) \_\_\_\_\_

## IV. PROGRAM MANAGEMENT (continued)

4. How will evaluations be used (sustaining/increasing funding, quality improvement efforts, etc.)?

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**Mail or fax to:**

Kathy Hall, Program Implementation Coordinator  
Parents as Teachers National Center  
2228 Ball Drive  
St. Louis, MO 63146  
FAX: (314) 995-3905  
Phone: (314) 432-4330 x271  
Kathy.Hall@ParentsAsTeachers.org

**Mail or fax to:**

State leader  Yes  No  
PATNC State Trainers  Yes  No  
See [www.ParentsAsTeachers.org](http://www.ParentsAsTeachers.org) for  
addresses

