

SOAR[®] Curriculum

Guarantee Agreement

If the *SOAR[®] Curriculum* is used with fidelity, we guarantee that your students will experience the following improvements:

- ✓ 0.5 increase in GPA
- ✓ 20% improvement in student confidence and attitude, as measured by the pre and post Study Skills Scorecard
- ✓ 30% reduction in missing assignments

...or we will issue you a full refund for your purchase.

To be eligible for this guarantee, please complete and sign the agreement below and email (info@studyskills.com) to us within 45 days of the date of your purchase.

_____ I understand that this guarantee is valid for 12 months from the date of purchase.

Initial

_____ I have read the Guarantee Redemption Form (page 2) and understand the information/usage that I must verify in order to receive a refund.

Initial

School Name:

School Phone:

Date of Order:

Order Number:

School Address:

City, State, Zip:

Administrator's Name:

Administrator's
Email:

Teacher's Name:

Teacher's Email:

Teacher Signature

Date

Administrator Signature

Date

We hope you find this program to be an enjoyable and empowering resource for your students. However, our program does not walk, talk, teach, or touch lives like you do! Only you can bring the compassion and encouragement to this program that are absolute cornerstones to your students' success. We appreciate the commitment and dedication you make to your students' education every day!

Please email this completed and signed form to SOAR[®] Learning Inc. at info@studyskills.com • ATTN: Curriculum Guarantee



SOAR[®] Curriculum Guarantee Redemption Form

I have used the SOAR[®] Curriculum with fidelity and my students have NOT achieved the following benchmarks:

- 0.5 increase in GPA
- 20% improvement in student confidence and attitude, as measured by the pre and post Study Skills Scorecard
- 30% reduction in missing assignments

Therefore, I am requesting a refund for the program.

I have verified the following portions of the SOAR Curriculum have been completed:

- _____ All books ordered, with student responses inside (student app progress will be verified)
- _____ All of the pre and post Study Skills Scorecards (grouped together and labeled)
- _____ All student quizzes from lessons 4, 5, 7, 10, 11,12, 13
- _____ All student final exams

School Name:	School Phone:
Date of Order:	Order Number:
School Address:	City, State, Zip:
Administrator's Name	Administrator's Email:
Teacher's Name:	Teacher's Email:

Please help us improve and provide details about why the online application did not work to your satisfaction. (Use the back of this page for additional details.)

What suggestions do you have for improving the online application?

Please ship books and materials to:
 SOAR[®] Learning, Inc. • ATTN: Curriculum Guarantee
 2640 Canoe Circle Parkway #225 • Lake Orion • MI • 48360
 Questions? You are welcome to contact us at: 800•390•SOAR • info@studyskills.com