



Praxis 1 & 2 Test Prep Program Contract

Advance Innovative Education (AIE), created the **Praxis 1 & 2 Test Prep Program** designed especially for the following three categories of people 1.) School districts, private and charter schools employing teachers who have completed their teacher certification coursework, but have not passed the test; 2.) Districts with an internal teacher development program but needing additional support, resources and management expertise, and lastly; 3.) Individuals who need to pass the exam to complete their initial teacher certification requirements and/or add-on requirements.

This Letter of Agreement (“Agreement”) sets forth the terms and conditions of **Praxis 1 & 2 Test Prep Program** as administered by Advance Innovative Education (“AIE”). I, the undersigned Student, understand and agree that I shall fulfill the terms and conditions of this Agreement and am obligated to complete all RLRP Program requirements listed herein.

SECTION I – PROGRAM REQUIREMENTS

I understand that to maintain eligibility to participate in the SLLA Test Prep program, I shall undertake the following:

1. **Coursework:** Attend 9 weeks of weekly face to face Test Prep Sessions.
2. **Homework:** Complete weekly homework assignments.
3. **Practice Test:** Participate in 1 full- length practice test administered by ETS. The cost of the test is 19.95 and is the responsibility of the student
4. **Praxis Student Binder:** Cost is 40.00 (plus shipping fee if applicable)
5. **Class Book:** Cost ranges from 30.00 to 60.00 (dependent on Praxis test)
6. **Coaching:** Be available for coaching sessions as determined by instructor.

SECTION II – ATTENDANCE, TIMELINESS OF ASSIGNMENTS, & PROFESSIONALISM

1. **Absenteeism:** Students are expected to attend all sessions. **You must give a 24 hour notice if you will need to reschedule a session.**
2. **Email Communication:** Respond to all communications and requests from AIE program staff within the time indicated in the request or within 24 hours.
3. **Change in Contact Information:** Provide written notification to AIE within fourteen (14) business days of any change in my legal name or address or of any change in the status affecting eligibility to participate in the Test Prep Program.
4. **Comply with any procedures** deemed necessary and appropriate (within reason) by AIE to fulfill the purpose of the Test Prep Program, all conditions cited in this Agreement, and all applicable rules and regulations.

SECTION III – PROGRAM FEE OBLIGATIONS

I understand that the program costs Five Hundred Dollars (**\$500.00**) Dollars, plus book fee & student binder fee. I understand that failure to pay the program fee as agreed upon may result in release from the program and in late fees.

I understand that the remainder of my program fee will be paid in the following manner. PLEASE CHECK ONE OPTION:

- Option 1: Pay entirety of tuition at the start of the program. This may be paid through personal check, money order, credit card (with an additional 4% added to credit card payments)
- Option 2: Payment 1 is due upon entry into the program and the balance is paid before starting week 5. You can either pay via a check mailed to the AIE office or automatic payments to your credit card, with an additional 4% processing fee.

I further understand that all fees associated with checks returned for insufficient funds (NSF) will be my responsibility, and not the responsibility of AIE. NSF fees are \$50 per check.

I understand that I shall provide written notification to AIE within four (4) business days prior to the last day of the month, of any change in my checking/savings account information (if I elect to pay through direct deposit), or I will be subject to the aforementioned NSF fees.

I agree that if I fail to pay the late fee as stated in this Agreement, I will have to pay AIE’s reasonable collection costs, including but not limited to attorney’s fees, court costs and other fees.

SECTION VI – Signature(s)

By my signature, I acknowledge that I have read and understand the above information and that I am required to fulfill my obligation according to the terms and conditions herein.

Student Signature _____ DATE _____

Student Printed Name: _____

Address (city, state, zip): _____

Phone: _____

Email: _____

Advance Innovative Education Execution of Agreement:

Dr. Michael Eskridge
Executive Director
Advance Innovative Education

_____ Date