



Howard Lake-Waverly-Winsted ISD #2687
"Excellence through Education"



NEW COURSE PROPOSAL

- Step 1: Communicate with the Principal about the new course.
- Step 2: Complete this form fully.
- Step 3: Obtain required signatures.
- Step 4: Submit to Counseling Department.
- Step 5: Counseling Department adds items in RED to SYNERGY.

Course Background

Name of proposed course name: Sculpture and Ceramics II

Date of proposed new course (school year it would begin): 2025-2026

Department submitting proposal: Art

Staff member name submitting proposal: Kristi Main

Is the proposed course replacing an existing course? YES NO

If so, what course is being replaced? _____

Rationale (include reasons why this proposal needs to be considered outside the curriculum cycle):

So students have a better "leveling up" in the art sequence and have another option for an art credit.

Type of course: Required Elective

Prerequisite(s): Sculpture and Ceramics I

Course Duration: Semester Full Year

Grade Levels: 9th Grade 10th Grade 11th Grade 12th Grade

MN Academic Standards: _____

Course Description:

Students will expand on the skills and techniques learned in Sculpture and Ceramics I. They will further explore more of their own personal voice.

Scheduling Considerations (# of semesters, alternating years, grade levels allowed, etc.):

Will run with Sculpture and Ceramics I (same time/hour).

Estimated Costs

Resources/Textbook (list title, copyright date, publisher, and cost): _____

Curriculum Writing Needs (# of hours needed for curriculum mapping and writing essential standards): _____

Staff Development Needs (additional training staff needs to teach the course): _____

Staff Impact (who will teach the course, effect on dept. staffing, effect on other depts. +/-, student/staff ratio, etc.): _____

Facility Impact (any special consideration for space, equipment, etc.): Will increase
Supply/material cost/need.

Required Signatures:

Department Chair: Kristi Mai Date: 11-4-2024

Curriculum Director: [Signature] Date: 11/13/24

Principal: [Signature] Date: 11/13/24

After obtaining the required signatures, submit to Counseling Department. Counseling Department will add to Synergy.

Final Approval Signature:

Principal/Superintendent/Board: _____ Date: _____

Additional Notes:

Curriculum/Counseling Department Use Only:

Synergy District Course:

Course ID Assignment: _____

Academic Type: _____

Course Subject Area: _____

STAR Assignment: _____

STAR Grade Level: _____

(If not 9-12, mark with the lowest grade offered.)

National Course Classification:

Subject Area: _____

Course Level: _____

Course Code: _____

State Course Classification:

Course Record Type: _____

Subject Area: _____

Course Level: _____

Standard Addressed: _____

AP Indicator: (Remember to fill in - AP Test Group Name)

Civil Rights Data Collection:

CRDC Subject Area: _____

CRDC Course Code: _____

Federal AP Code: _____

College In Schools Courses:

College Prep:

College Approved:

Dual Credit:

Course Level: Dual/Concurrent Enrollment

(Check the Dual/Concurrent Box in State Course)

College Code: _____

College Course Code: _____

College Course Title: _____

College Course Credits: 2 3 4

College Name: _____