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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  ALA Highlights with OWLS Librarians | | | | | | | | | | |
| Description of Program  A panel of OWLS librarians share highlights from their trip to ALA 2017 in Chicago.  Stacy Dietzler - No Screen Time for Kids Under 2 Years Old  Kristi Helmkamp - Gene Luen Yang's Reading without Walls Initiative  Mehta Hess - Life Hacks for Teens  Diana Sandberg - Libraries Taking on Autism: a Movement for Collaborative Solutions  Ann Hunt - To Fine or Not To Fine : That is the Question  Melody Hanson - Whole Person Librarianship: Libraries and Social Workers in Collaboration  Alicia Woodland - Latest Tech Trends | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  8/23/2017 | | To *Mo./Day/Yr.*  8/23/2017 | Go To Webinar | | | | | Technology *If any*  0.00 | | Total  1.5 |
| Provider *If applicable*  OWLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |