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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 ProgramProgramming With Purpose |
| Description of ProgramWe all want our libraries to have strong programming. But how do you know if your library is producing meaningful, intentional programs that support your mission, or simply falling into the “more is more” trap? This presentation will lead participants through theoretical and practical perspectives on creating and implementing a mission-driven programming schedule. Discussion points include defining strong programming; creating shared expectations among staff members; implementing tools and resources; and change management. Participants will learn about specific planning tools and how they can help you streamline programs, meet community needs while avoiding overburdening library resources, and help staff create programs that align with the  |
| Relationship of Program to Present Position or Career Advancement      |
| Activity Dates | Location | Number of Contact Hours |
| From *Mo./Day/Yr.*1/23/2020 | To *Mo./Day/Yr.*1/23/2020 | online | Technology *If any*      | Total1.0 |
| Provider *If applicable*Wisconsin Public Library Systems, DPI |
| Category *Check one, attach written summary if applicable*[ ]  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*[x]  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.* |