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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  Library Director Jenga: The Perpetual Challenge | | | | | | | | | | |
| Description of Program  Running a library is like playing Jenga. You need to work collaboratively to set up a solid base and then carefully move the pieces to ensure everything doesn’t come tumbling down. In this interactive session, come play online jenga and learn what the building blocks are to being an effective director and how moving them around can lead to success or failure.  Participants Will:  - Learn the building blocks to becoming a successful library director  - Discover the challenges in running a successful library and how to overcome them  - Learn how to work collaboratively to achieve your goals as a director | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/27/2021 | | To *Mo./Day/Yr.*  1/27/2021 | online | | | | | Technology *If any* | | Total  1.0 |
| 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.*  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.* | | |