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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  Finding the Right Teen Engagement Fit For You | | | | | | | | | | |
| Description of Program  Teen services have undergone a mighty shift in the past thirty years. Now more than ever before, libraries are playing an important role in the lives of teens. Despite that, figuring out how best to serve this notoriously slippery age group can leave libraries and their staff at a loss. Teen engagement is the key! Join three Youth Services Librarians from vastly different sized libraries as they share their trials and triumphs and give you high-interest and hands-on ideas for how you can serve and engage with them, too. From creating and running Teen Advisory Boards to using teen volunteers to building relationships and offering teens agency, you’ll find ideas you can implement, no matter what size your library is! | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/28/2021 | | To *Mo./Day/Yr.*  1/28/2021 | 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.* | | |