|  |  |  |
| --- | --- | --- |
| 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 ProgramWhy Psychological Safety Matters More Now Than Ever |
| Description of ProgramPsychological safety is the ability to reveal one's true self and opinions without fear that doing so will lead to negative repercussions in terms of reputation, career or status. While high levels of psychological safety in the workplace are linked to better outcomes, increased innovation, and deeper work satisfaction, many organizations are finding it increasingly difficult to create a sense that it is safe to speak up or take risks. In this interactive session, we will address current forces working against psychological safety in the workplace to include tone policing, vocabulary shaming, political differences, and remote work.Participants Will:- Acquire the concept of psychological safety- Discuss why psychological safety is import |
| Relationship of Program to Present Position or Career Advancement      |
| Activity Dates | Location | Number of Contact Hours |
| From *Mo./Day/Yr.*1/26/2022 | To *Mo./Day/Yr.*1/26/2022 | 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.* |