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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  Road Maps and Sign Posts: Planning Ahead for a Successful Storytime | | | | | | | | | | |
| Description of Program  Our storytimes are packed full of enjoyable early learning experiences, and adding some basic organizational strategies before, in-between, and during our books, songs, and activities can help children have even more successful storytime sessions. Craft a message about behavior expectations that will address your community's needs and help everyone stay focused in storytime. Develop verbal transitions to maintain a smooth pace and direct children's attention between storytime elements. Consider intentional ways to turn standard storytime practices--including songs, rhymes, and flannels--into even richer opportunities for dialog and engagement. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/21/2015 | | To *Mo./Day/Yr.*  1/21/2015 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  Wild Wisconsin Winter Web Conference | | | | | | | | | | |
| 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.* | | |