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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  Look First: Creating Exceptional Patron Experiences | | | | | | | | | | |
| Description of Program  Webinar presented by Erica Reynolds, Team Member, BiblioCommons, Shawnee, KS. Success in wowing people requires planning for the big picture and tiny details, considering all the senses, and considering the various reasons people visit or could visit the library—both online and in person—but all that requires that we look and listen before we act. Too often, we assume we know more than we do, and we skip the looking step. By taking time to observe and experience the library through patrons’ eyes, we can dramatically improve the experiences our patrons encounter. Learn simple, fun, and effective tools and low-budget tips that will improve the patron experience—for all ages, for big and small libraries, and for all budgets. No additio | | | | | | | | | | |
| 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*  NFLS | | | | | | | | | | |
| 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.* | | |