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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  Making a Collection Count | | | | | | | | | | |
| Description of Program  Webinar presented by Holly Hibner and Mary Kelly of Awful Library Books  Make your collection count! We will discuss collection development policies that balance popular with well-rounded content, reflect diversity and inclusion, and provide methods for dealing with (and avoiding) challenges. This session talks about how to measure a collection's quality. This includes the benefits and methods of taking a physical inventory, analyzing collection procedures and workflows, and the life cycle of a collection. Our holistic approach to collection management will help all types and sizes of libraries to keep pace with the demands and expectations of their communities.  Part 1 of a 5-Part Collection Development Series | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  4/19/2017 | | To *Mo./Day/Yr.*  4/19/2017 | Go To Webinar | | | | | Technology *If any*  0.00 | | Total  1.0 |
| Provider *If applicable*  IFLS, MCLS, NFLS, NWLS, OWLS, SCLS, SEWI, SWLS, WLS, WRLS, WVLS | | | | | | | | | | |
| 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.* | | |