



Name Last, First, Middle

Mailing Address Street / PO Box, City, State, ZIP

**I. CONTINUING EDUCATION ACTIVITY DESCRIPTION**

Title of Program

WLA Conference

Description of Program

Conference presentations I attended on Wednesday: Keynote Address; ALS' Mobile Makerspace: Bringing Makerspaces to Our Libraries; YSS Luncheon: Teen Librarian Toolbox; Shake it Up! Best Outside-the-Box School-Age Programs; Developmentally Age-Appropriate Storytimes; Free and Affordable Apps for Accessibility

Relationship of Program to Present Position or Career Advancement

I plan to use what I learned in the ALS' Mobile Makerspace program to set something like this up at my library, since we don't have enough room to house a traditional site-based makerspace. The Teen Librarian Toolbox luncheon speaker gave me some great ideas to use with our library's Teen Advisory Group. The Shake it Up! presentation had a lot of creative ideas I want to use at the library, including armchair astronomy and banana pianos. From the Developmentally Age-Appropriate Storytimes presentation I learned how I can best "bundle" storytimes for a range of age groups. And the Free and Affordable Apps for Accessibility program gave me some great free and low-cost apps I can install on our library's iPads to increase accessibility for my library patrons.

Activity Dates		Location	Number of Contact Hours	
From Mo./Day/Yr.	To Mo./Day/Yr.		Technology If any	Total
11/5/2014	11/5/2014	Wisconsin Dells	1.50	6.0

Provider *If applicable*

Wisconsin Library Association

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.