

# PROGRAM PLAN FORM 1A 12/18

Date: **7/22/22** Name of staff member filling out form: **Jimmie Gonzalez**

Library:

Program Title: **Tinkering Labs**

Program Purpose/Goal: **Encourage patrons to work cooperatively/independently while engaging in STEM-centered learning and activities.**

Program Description/Content Details: **Patrons will be introduced to, and encouraged to use the Electric Motor Tinkering Kit to engage in hands-on STEM learning, and gain a better understanding of basic engineering principles in a creative and educational environment.**

Date/Day of Week/Start Time/End Time: **08/04/2022 4:00 pm - 5:00 pm** Frequency: **Weekly (Every Thursday)**

Estimated Attendance: **15-20**

Location (branch and area, outside, offsite): **Community Room**

Staff Coordinator of Program and contact information: **Jimmie Gonzalez** [Jimmie.Gonzalez@rivlib.net](mailto:Jimmie.Gonzalez@rivlib.net)

Participants: **Children and Pre-Teens Ages 8-13**

Staff: **Jimmie Gonzalez**

Volunteers: **n/a**

Paid Presenters: **n/a**

Partners/Co-Sponsors: **n/a**

Funding Source: **n/a**

Equipment/Supplies Needed: **Tables, Chairs, Tinkering Labs kit donated to the library.**

Additional Resources such as: **Book displays and Handouts**

Planned Publicity and Promotion: **Library webpage, Facebook, Instagram, Library**

Evaluation Process: **Evaluations will be distributed**

Submitted to direct supervisor identified below:

Manager Date

Zone Manager Date

Director of Operations Date

County Librarian Date

Fill in all appropriate items and email to Manager/Zone Manager/Director of Operations/County Librarian