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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  Introduction to Website Accessibility | | | | | | | | | | |
| Description of Program  Are you concerned that your library's website isn't meeting accessibility standards? If not, you should be--lawsuits concerning website accessibility failures are increasing, and libraries do not have immunity. Gain an understanding of which guidelines are used to measure website accessibility in the United States, and how to begin to evaluate your own library's site for potential issues. We'll also discuss some common pitfalls and things to avoid. Topics for this webinar include: what accessibility means in a web context, legal issues surrounding web accessibility and how these can affect libraries, national and international standards commonly used for accessibility evaluations, and more!  Note: Basic knowledge of HTML code will be helpful | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/22/2020 | | To *Mo./Day/Yr.*  1/22/2020 | online | | | | | Technology *If any*  1.0 | | Total  1.0 |
| Provider *If applicable*  Wisconsin Public Library Systems, DPI | | | | | | | | | | |
| 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.* | | |