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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  Accessible Libraries 101 | | | | | | | | | | |
| Description of Program  Sometimes the accessibility issues in our libraries are obvious and expensive to fix. Sometimes they are less clear to the untrained eye, and often fixing them is not an insurmountable task, even with limited resources. Angela Meyers, the Coordinator of Youth and Inclusive Services from the Bridges Library System, works extensively with libraries on accessibility issues, and she’ll lead us through some things to look for in our own facilities—new, old, or in-progress--as well as some resources to consult for more information. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  12/10/2020 | | To *Mo./Day/Yr.*  12/10/2020 | Webinar | | | | | Technology *If any*  0.00 | | Total  1.0 |
| Provider *If applicable*  IFLS Library System | | | | | | | | | | |
| 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.* | | |