

Is Your Content Accessible to Everyone?

A pre-publish check for **slides, PDFs, and video**. Clear these before you post — and your content meets **WCAG 2.1 AA**, the ADA Title II standard.



START HERE

Six habits that apply to everything

- ☐ Real heading styles (H1 → H2 → H3), not big bold text.
- ☐ Descriptive links — name the destination.
- ☐ Tables have header rows and no merged cells.
- ☐ Alt text on every image naming its teaching point.
- ☐ Color is never the only cue; contrast ≥ 4.5:1.
- ☐ Real, selectable text — not a picture of text.

THE CHECKLIST, BY FORMAT

Check each type before you publish

1



SLIDES PowerPoint

5
CHECKS

- ☐ Built-in slide layouts so structure exports.
- ☐ Unique title per slide (Outline view).
- ☐ Alt text on figures, charts, SmartArt.
- ☐ Reading order set (Selection Pane).
- ☐ Run the Checker (Review → Check Access.).

2



DOCUMENTS PDFs

4
CHECKS

- ☐ Accessible source → export; never scan.
- ☐ Tagged with logical reading order.
- ☐ OCR scanned pages so text is selectable.
- ☐ Run Acrobat's check before posting.

3



MEDIA Video & Audio

5
CHECKS

- ☐ Accurate captions — fix terminology.
- ☐ Transcript for audio-only content.
- ☐ Describe key visuals shown on screen.
- ☐ No autoplay; keyboard-accessible controls.
- ☐ Verify embedded clips are captioned.



Tip: Use the PowerPoint Accessibility Checker for a quick assessment of items to address.

SCAN FOR HOW-TO GUIDES

Learn it in one afternoon



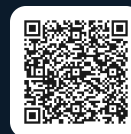
VCU Accessibility Basics

Local how-tos, FAQs & standards
digitalaccessibility.vcu.edu



WebAIM Resources

Alt text, contrast, tables, links
webaim.org/resources



Microsoft How-To Guide

Checker for PPT, Word & PDF
support.microsoft.com

One file. One fix. This week.

When the Image **Is** the Question

Asking students to identify a slide, scan, or ECG is a skill you test — so **alt text that names the finding gives away the answer**. Here's how the rules handle that, and **what to do instead**.

THE EXCEPTION YOU CAN RELY ON The rules already allow for this

If an image is a **test that text would give away**, you only have to **say what kind of image it is** — not what's in it. You don't have to describe the thing the student is supposed to figure out.

THE QUESTION TO ASK YOURSELF FIRST Are you teaching, or testing?



TEACHING

Describe it fully

If you're teaching with the image, there's no answer to protect. **Describe it in full** — it helps students who can't see it, and it's good teaching for everyone.

DO

Alt: "Micrograph of normal cardiac muscle: branching fibers, central nuclei, intercalated discs."

POWERPOINT TIP

Right-click an image → **View Alt Text**, or run **Review** → **Check Accessibility** to find every image still missing a description.



TESTING

Identify, don't reveal

If identifying the image **is** the question, keep the alt text short — just name the type of image. Make sure the question, answer choices, and buttons are all still accessible.

DON'T NAME THE ANSWER

Alt: "Photomicrograph of a tissue section — Question 14."

+ What a screen helper device may say about the content — and may not

✓ DESCRIBING WHAT'S THERE IS FAIR

A helper can point out what a sighted student would also see — the details, not the conclusion.

"Dense, disorganized cells with many dividing figures."

✗ NAMING THE ANSWER IS NOT

The diagnosis is the thing being tested. Saying it — in alt text or out loud — gives the answer away.

"This is a high-grade sarcoma."

> Accommodations versus an alt-text fix

1

Ask early

Send the student to SAEO before the session, so a plan is ready ahead of the exam — not the morning of.

2

Choose a path

A trained helper (describing only), a touch-based or adapted version, or a different question that tests the same skill.

3

Required skills

If seeing the image is a true requirement of the program, that's a decision your office and counsel make — not a way to skip the work.



READ THE RULE YOURSELF

WCAG 1.1.1 — Non-text Content

Scan for the official page, including the **test exception** that covers images used in exams.