Independent Facilitator Biography Form 1. Name: Carolyn Gammicchia **INSERT PICTURE OF** INDEPENDENT 2. Phone Number(s) **FACILITATOR** Cell: (586) 703-3866 3. Email Address: gammicchia@comcast.net 4. Organizational Membership or Affiliations: The Arc, The Arc of Macomb, TASH, National Center on Criminal Justice-Disability Advisory Panel Member 5. Specific areas of expertise: Transition Planning, Community Living, Self-Determination, Person Center Planning, Career Development Facilitation, Self-Advocacy, Inclusive Education services and supports, Navigating Community Mental Health services and supports 6. What unique attributes do you bring to your role as an independent facilitator? Solutions orientated, Family member experience (both child/adult), Navigating services (medical, educational, community mental health, Social Security) 7. Why do you want to serve as an Independent Facilitator? As a sibling and a parent of individuals with disabilities, I have loved learning how to support them within their self-advocacy. I also am a solutions orientated person who feels it is very imperative that everyone has access to living the life of their choice. 8. Accommodations ☐ YES \bowtie NO a. Are you fluent in languages other than English? b. Please identify other available accommodations. c. Do you need any accommodations to facilitate your role as a Facilitator? ☐ YES \bowtie NO

9. Times of day and geographic locations for which you are available to facilitate: I would prefer to support individuals in Macomb, Oakland, and Wayne Counties or within an hour drive of Macomb County. I am available Monday-Friday from 10:00 am-4:00pm and can accommodate additional times, if possible.

Michigan Developmental Disabilities Institute, Wayne State University Independent Facilitator Level of Competency: I (Trained)

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute, Wayne State University.