

## Independent Facilitator Biography Form

1. **Name:** Trallis P. Bailey

2. **Phone Number**

a. **Cell:** (313) 817-5677

3. **Email Address:** [trallis.bailey@yahoo.com](mailto:trallis.bailey@yahoo.com)

4. **Organizational Affiliations:** None

5. **Specific areas of Expertise:** I feel that Self-Determination and Community Living are very important to me.

6. **What unique attributes do you bring to your role as an Independent Facilitator?**

I understand the difficulties that one is faced with when it comes to accessing resources when one is in need.

7. **Why do you want to serve as an Independent Facilitator?**

I want to be a service to others and help lessen the struggle of everyday life, when it comes to accessing resources.

8. **Accommodations**

a. Are you fluent in languages other than English? No

b. Do you require any accommodations? No

9. **What times and geographic areas are you available to facilitate?**

East and Central Detroit



**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.