

Independent Facilitator Biography Form

1. **Name:** Mary Steadman

2. **Phone Number**

a. Cell: 313-397-5122

3. **Email Address:** marysteadman9@gmail.com

4. **Organizational Affiliations:** Detroit Wayne Mental Health Authority (Intern), Wayne County Community College

5. **Specific areas of Expertise:** Person Centered Planning, I attempt to help people all the time to see a better life.

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

I am a caring person. I want to provide a light of hope for a person, and let it be their idea.

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

Because I care for people and want to assist in providing direction for a person when necessary.

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?**

Metro Detroit area, Monday-Friday mornings



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.