

Independent Facilitator Biography Form

1. **Name:** Terrence Wilcox

2. **Phone Number**

a. Cell: (313) 333-4067

3. **Email Address:** wilcox63@gmail.com

4. **Organizational Affiliations:** None

5. **Specific areas of Expertise:** Person-centered planning

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

I have a brother who has an intellectual disability. I have worked with and within his support system to encourage self-determination.

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

To assist giving much needed support in the community.

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?**

Evening hours during the week, daytime during the weekend. Wayne, Oakland and Macomb Counties.



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.