

## Independent Facilitator Biography

1. **Name:** Christine Hendrick

2. **Phone Number(s)**

Cell: 616-642-0017

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

4. **Organizational Membership or Affiliations:** Past President of Prader-Willi Syndrome Association of Michigan, Member of PWSA (USA), past member of The Right Door Consumer Advisory Council

5. **Specific areas of expertise:** Advocating for children and adults with developmental disabilities, self-determination, community living, Individual Education Plans, Person Centered Plans



6. **What unique attributes do you bring to your role as an independent facilitator?**

As a parent of a young adult with developmental disabilities, I have gained experience and knowledge of the systems of support (Community, Schools, CMH, DHHS, SSI and Advocacy). Have spent considerable time over the years networking and volunteering for various events and causes relating to the developmentally disabled. Have strived to find inventive ways to promote inclusion and provide purposeful and meaningful social opportunities.

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

Through my experiences, I have identified the need and importance of having a neutral person available to Independent Facilitate, by means of which they are not tied to the dollars and cents of services provided by public systems.

8. **Accommodations**

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

b. Do you need any accommodations to facilitate your role as a Facilitator? ☐ Yes ☒ No

9. **Times of day and geographic locations for which you are available to facilitate:** Flexible times and days in Ionia County

10. **Virtual Facilitation: Do you have a computer, tablet, or smartphone with internet access?**

☒ Yes ☐ No

**Level of Competency: I (Trained)**

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