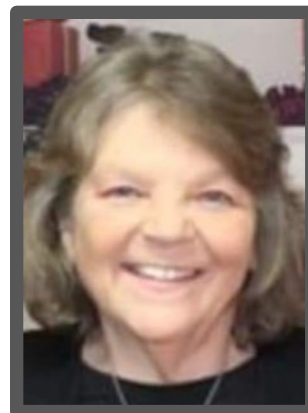


## Independent Facilitator Biography Form



1. **Name:** Dorie Winegard
2. **Phone Number(s)**
  - a. Home: 906-356-3760
  - b. Work: 906-259-0330
  - c. Cell: 906-322-4985
3. **Email Address:** advocatedorie@live.com
4. **Organizational Membership or Affiliations:** SPEAKS Education, The Arc Eastern Upper Peninsula
5. **Areas of expertise:** Special Education Advocate, work with the DDC for I/DD individuals, executive director of a nonprofit, Specialize in Autism and Fetal Alcohol and drug exposed individuals, Serve all persons with disabilities of all ages
6. **What unique attributes do you bring to your role as an independent facilitator?**

I have been doing this form of work for over 30 years. I have 2 daughters and 2 grandsons with disabilities. I am passionate about my work with persons having disabilities and making sure, they get the services they deserve.
7. **Why do you want to serve as an Independent Facilitator?**

I do not feel that we have any in our geographic area, which is remote, rural and underserved, and I would like to be able to oversee that all individuals' needs and wishes are met.
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  
If yes, please specify: A location with few steps or has an elevator. I have artificial hip and knee.
9. **Times of day and geographic locations for which you are available to facilitate:**

I am available most times in the Eastern Upper Peninsula area.
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.