

## Independent Facilitator Biography

1. **Name:** Gena Penegor

2. **Phone Number(s)**

a. Home: 906-884-2985

b. c. Cell: 906-390-0384

3. **Email Address:** Genapenegor577@gmail.com

4. **Organizational Membership or Affiliations:**

5. **Specific areas of expertise:** Person Centered and Family Centered Planning

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

I am not afraid of speaking up for others.

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

I like helping people with their Person Centered Planning.

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:** Lunch time or after work hours in Ontonagon 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.

