

## Independent Facilitator Biography

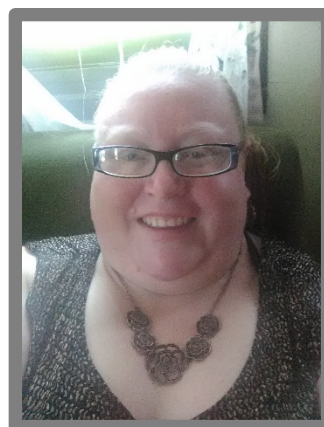
1. **Name:** Jeannine Baker

2. **Phone Number(s)**

Cell: 906-430-2053

3. **Email Address:** jeannine\_8@yahoo.com

4. **Organizational Membership or Affiliations:** Schoolcraft Communities That Care Collaboration/ SC3



5. **Specific areas of expertise:** Several years worked as a Direct Support Professional with those with Intellectual Disabilities in a group home setting. I also have an 18-year-old son with a chromosome deletion that also has some Intellectual disabilities. Many years I have advocated for my son at his IEP's and with the CMH setting.

6. **What unique attributes do you bring to your role as an independent facilitator?** Include specific reasons a person or family should choose you as their facilitator. I am passionate about helping people, and am a researcher by nature. I believe everyone should have their voice heard and respected.

7. **Why do you want to serve as an Independent Facilitator?** While raising my son, I found it difficult to navigate the system and had to seek out and find many resources on my own. I would love to give back and help others out, and provide a voice to those who may not necessarily feel like they have one otherwise.

### 8. Accommodations

a. Are you fluent in languages other than English?  YES  NO

b. Please identify other available accommodations.

c. 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:** Monday-Friday, 10 am-8 pm and weekends by request. I am available to facilitate in Schoolcraft, Delta, and Luce counties and western Mackinac 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.