

Independent Facilitator Biography

1. **Name:** Megan Smith

2. **Phone Number(s)**

Home: 517-227-6419

3. **Email Address:** msmith81311@gmail.com

4. **Organizational Membership or Affiliations:** None

5. **Specific areas of expertise:** Educational planning, connecting individuals and families to resources



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 have experience with Individual Education Plans (IEP) and specialized services with my own child, and some limited experience with care planning in the medical field. I am always happy to help research when needed.

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

I am especially interested in helping people understand what options and tools are available to them and helping them use those to reach their goals.

8. **Accommodations**

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

b. Please identify other available accommodations. I am comfortable working with translators, but only know a few specific words in both Arabic and Spanish.

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:**

Tuesdays and Thursdays, daytime preferred. Branch, Calhoun, and St. Joseph counties.

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.