

Independent Facilitator Biography

1. **Name:** Patricia DeCarlo

2. **Phone Number(s)**

Cell: 586-436-3789

3. **Email Address:** pmck63@hotmail.com

4. **Organizational Membership or Affiliations:**

Kiwanis

5. **Specific areas of expertise:** I have experience in many areas of support. I have been involved in self-determination and person centered planning as well as supported employment and community living.



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

I have supported people with developmental disabilities for over 30 years in daily living, skill building, community employment, and community inclusion.

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

I have strong feelings about people who are not living up to their potential and their dreams. I want to help them to realize the life they envision for themselves.

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:** Most weekdays and evenings are possible in Northeast Detroit and Macomb 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.