

## Independent Facilitator Biography Form

1. **Name:** Phyllis Reynolds

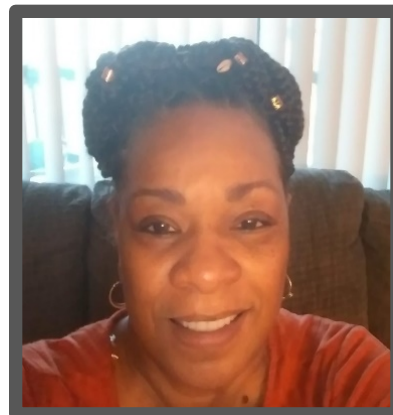
2. **Phone Number(s)**

a. Home: 248-565-8103

b. Work: 586-268-4160

c. Cell: 248-906-5009

3. **Email Address:** preynolds@dnom.org



4. **Organizational Membership or Affiliations:** Michigan Community Health Worker Alliance (MiCHWA)

5. **Specific areas of expertise:** Experienced in person-centered planning, family centered planning and community living

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

I am patient with an energetic personality. I have developed good communication skills and practiced being an effective, active listener. It is my goal to ensure that we meet your planning objective.

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

It is my desire to assist an individual with identifying their goals and dreams to create a plan to achieve them.

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:**

I am available to facilitate Monday – Friday between the hours of 10:00am – 6:00pm. I serve Oakland and Macomb 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.