

Independent Facilitator Biography Form

1. **Name:** Allison Revell

2. **Phone Number(s)**

a. Home: 616-836-1828

b. Cell: 231-220-2316

3. **Email Address:** arevell@arcmuskegon.org

4. **Organizational Membership or Affiliations:**

The Arc Muskegon

5. **Specific areas of expertise:**

- Interpersonal communications
- Organizational communications
- Long term care options
- Significant work with people who have I/DD

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

- Active listener
- Highly perceptive
- Open-minded
- Consensus building skill set
- Inclusion Training

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

I want to help people through all phases of the Person Centered Planning Process to achieve their hopes and dreams, which include setting goals and developing a workable plan to meet those goals.

8. **Accommodations**

a. Are you fluent in languages other than English?

YES NO

b. Please identify other available accommodations.

Can arrange for interpretation, as needed; Barrier free meeting space

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:

In Muskegon County on a case by case. I am open to flexible times.

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.