**NEVADA STATEWIDE INDEPENDENT LIVING COUNCIL**

Individual Training Plan

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| **Name:** | **Fiscal Year:** |
| **Training Topics/Events** |
| Please mark 3 training goals for this year: |  | Effective SILC Management |
|  | Roles of Chair and Vice Chair |  | Gathering & Using Consumer Feedback |
|  | DSE and SILC Roles (ILRU) |  | Leadership Development |
|  | Independent Living Principles |  | Monitoring & Evaluating the SPIL |
|  | Strategies for Shifting SPIL Development from SILC-DSU to DSE SILC-CILs |  | Resource Development |
|  | SILC Indicators |  | Sexual Violence and Sexual Harassment |
|  | Robert’s Rules |  | SILC Resource Plan |
|  | Open Meeting Law Manual |  | SPIL Development |
|  | SILC Presentation |  | Statewide Needs Assessment |
|  | SILC Guidebook |  | Systems Advocacy |
|  | SILC Member Orientation to SILC Duties |  | The 3-Year SPIL Cycle & Strategic Planning |
|  | Investing in the Independent Living Movement Means Investing in Youth |  | Uniform Guidance for SILCs |
|  | Administrative Regulations for SILCs |  | **National Conferences:** |
|  | Anti-Racism & Racial Equity |  | APRIL Conference |
|  | Board Recruitment for SILCs |  | NCIL Conference |
|  | Building State IL Network |  | SILC Congress |
|  | Centers for Independent Living |  | **Other: (please be specific)** |
|  | Conducting Successful Virtual Meetings |  |  |
|  | Cultural Competence for SILCs |  |
|  | Education Reform |  |
| **Signature of SILC Member/Staff:** | **Date:** |
| This Individual Training Plan is to identify your preferences in obtaining additional training to increase your knowledge and skills as a SILC member/staff. Trainings will be provided and/or accessed with consideration of all members’ training plans. You will be asked to submit a specific, written request for on-site training events and conferences in addition having included them in your Individual Training Plan. Attendance at such events and conferences will be limited by the availability of funding. Every effort will be made to assist you in achieving your training goals. You will be asked to update your Individual Training Plan Annually. |
| **Chairperson/Executive Director Signature:** | **Date:** |