

# EASTERN ILLINOIS AREA OF SPECIAL EDUCATION

5837 Park Drive  
Charleston, IL 61920

Phone: (217) 348-7700  
Fax: (217) 348-7704

## SUMMARY OF PERFORMANCE Section 1: Student Perspective

*This section should be completed by the student or with the assistance of a parent or other adult.*

A. Name \_\_\_\_\_ What has been determined to be a disability for you?

LD Reading    
  LD Math    
  LD Writing    
  Mentally Challenged    
  Visually Impaired    
  Physically Challenged    
  Health Impairment    
  Other

B. In which area(s) does your disability affect your schoolwork and school activities? (Check all that apply)  No negative impact

Grades    
  Assignments    
  Time on Tests    
  Communication    
  Relationships    
  Mobility (Ability to Move)    
  Extra-Curricular Activities

Other (Please Describe): \_\_\_\_\_

C. What supports/accommodations have been provided you in school? Check only those that apply. Then rate how helpful that support or accommodation has been. Place a check mark in "3" = *very helpful*, "2" = *somewhat helpful*, "1" = *a little helpful*

Modification/Adaptation/Support	3	2	1
<input type="checkbox"/> Extra time on tests/assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seeking help from the resource teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special tutoring/classroom assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Having tests/assignments read to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using the teacher notes rather than own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Having a special note taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using a computer to compose papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using a calculator in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Being able to take breaks when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listening to music while writing/test taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Moving your seat to a better location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Having a "study buddy"/study group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learning how to adapt to your disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Assignments that use your learning style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interpreter for the hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Use of voice amplifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Modification/Adaptation/Support	3	2	1
<input type="checkbox"/> Books on tape/taping teacher's lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using planners/calendars/check lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using graphic organizers/ visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Presenting projects using video tapes/artwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Working in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Getting help from your parent/family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using a computer spell/grammar checker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Having posters/study aides displayed in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Highlighting text/study guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Having a place to go without distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Being given extra time to think of answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special awards for good performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learning about effective study strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special cues/prompts for expected behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Documents in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical modifications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Please describe the strengths and needs you would like professionals to know about you as you enter the post-secondary or work environment for each of the following areas.

AREA	What are your goals for this area of your life?	What do professionals in this area need to know about the kind of help you might need?
<b>Continued Education And/or Training</b>	<input type="checkbox"/> None <input type="checkbox"/> Maybe some college classes <input type="checkbox"/> Community College to study: <input type="checkbox"/> Trade/vocational school for: <input type="checkbox"/> University to major in: <input type="checkbox"/> Day training program:	
<b>Employment or Military</b>	<input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> None, raise a family <input type="checkbox"/> Part-time while going to school <input type="checkbox"/> Full-time employment <input type="checkbox"/> Volunteer work	
<b>Living Arrangements</b>	<input type="checkbox"/> Live in a group home <input type="checkbox"/> Live with my parents for a long time <input type="checkbox"/> Live with my parents for a short time <input type="checkbox"/> Live with some roommates <input type="checkbox"/> Live on my own/with my own family	
<b>Community Participation (Recreation and Leisure Time)</b>	<input type="checkbox"/> Continue my current friendships <input type="checkbox"/> Join community groups/sports teams <input type="checkbox"/> Meet new friends at work/school <input type="checkbox"/> Develop some new hobbies/interests <input type="checkbox"/> Continue my hobbies/interest of:	

Additional Comments/Information: add a short note here or typed on another page (back)

Info provided by:  student alone      student and parent (name)  
 student and adult (name)      parent and teacher (names)

## SUMMARY OF PERFORMANCE – Section 2: Student Identifying Information

Student Name:	Birth Date:	Exit Date:	Date SOP Completed:
Parent/Guardian	Phone:	Primary Classification:	
Address:	Email:	Exit High School:	
City, State, Zip	Primary Language:	Resident School:	

### Section 3-a: Summary of Academic Achievement

*When completing this section, summarize the student's current academic achievement. Indicate the modifications, accommodations, assistive technology, and other supplementary aids/services that have been used to meet the student's individual needs. Write on the back/add additional pages as necessary. Rank academic performance as 1=Significantly Below Average, 2=Below Average, 3=Slightly Below Average, 4=Average, 5=Slightly Above Average, 6=Above Average, 7=Significantly Above Average*

	1	2	3	4	5	6	7	
<b>READING</b>								<b>Modifications/Accommodations (check all that apply)</b>
<b>General reading ability is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> extended time on tests
• Word analysis/decoding ability is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> books on tape/oral reading
• Reading comprehension is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> tests/assignments read aloud
• Reading fluency/rate is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> physical modifications to classroom
• Reading retention is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> high interest/lower reading level materials
• Ability to use written resources:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:
<b>WRITTEN LANGUAGE</b>								<b>Modifications/Accommodations (check all that apply)</b>
<b>General writing ability is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> extended time on tests
• Spelling ability is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of computer
• Word usage (vocabulary) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of spell/grammar checker
• Writing fluency/rate is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of graphic organizers
• Grammar ability is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> special device to assist with handwriting
• Sequencing/organizing ability is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> other:
<b>MATH</b>								<b>Modifications/Accommodations (check all that apply)</b>
<b>General math ability for level completed is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> extended time on tests
• Reasoning/logic ability for level is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of calculator
• Calculation accuracy for level is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of manipulatives/simulations
<b>Highest level of math completed is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of modified worksheets
								<input type="checkbox"/> other:

### Section 3-b: Summary of Functional Performance

*For each of the following, rate the performance of the student in comparison to his/her general population of peers as G=good, A=acceptable, NI=needs improvement. Indicate the modifications, accommodations, assistive technology, and other supplementary aides/services that have been used.*

	G	A	NI		G	A	NI	
<b>Self-Direction</b>								<b>Accommodations Used:</b>
• Accepts responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> planners/organizers
• Completes tasks on-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Identifies consequences of behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> checklists
• Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> other:
<b>Interpersonal Skills</b>								<b>Accommodations Used:</b>
• Exhibits acceptable social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Functions as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> stress mgt techniques
• Establishes positive relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:
<b>Self-Care</b>								<b>Accommodations Used:</b>
• Manages daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Manages medical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> personal aide
• Manages financial responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Manages daily living needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> checklists
• Manages personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Responds appropriately to hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:
<b>Mobility</b>								<b>Accommodations Used:</b>
• Walks/moves independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Travels alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> transport to work
• Drives/uses public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:
<b>Work Skills/Work Tolerance</b>								<b>Accommodations Used:</b>
• Learns new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibits good attendance/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> modified work schedule
• Exhibits initiative/desire to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibits ability to work eight hour day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> job coach/support
• Maintains concentration/attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:
<b>Problem-Solving Skills</b>								<b>Accommodations Used:</b>
• Identifies components of problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Identifies ramifications for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> small learning groups
• Anticipates possible outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exhibits logic in thought process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> think tanks/charts
• Recognizes alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:

**Additional Comments:**

**Section 4: Recommendations to Assist this Student in Meeting Post Secondary Goals**

*When completing this section, refer to the student goals and the transition plan of the IEP. Identify recommendations and contact information for each transition planning area. See the attached resource list for agency names and contact information. You may elect to provide a copy of the student's last transition plan in lieu of this page.*

AREA	Recommendations	Contact Information
Continued Education and/or Training.		Agency for referral:
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		Other:
Employment or Military		Agency for referral:
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		Other:
Living Arrangements		Agency for referral:
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		Other:
Community Participation (Recreation and Leisure Time)		Agency for referral:
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #
		Other:

**Additional Comments/Information:**

Use the following numbers to reference the appropriate agency. Refer to the attached list for specific information on each agency.

List of Area Adult Service Agency Resources			
CHILD CARE / FAMILY PLANNING			
<b>1</b>	<b>2</b>	<b>3</b>	
<b>Child Care Resource &amp; Referral</b> 600 Lincoln Avenue Charleston, IL 61920-0530 Phone: (800) 545-7439 Local: (217) 581-6698 Subsidy: (800) 643-1026 (217) 581-7081	<b>Child Care Resource &amp; Referral</b> 905 S. Goodwin Ave. Urbana, IL 61801-3816 Phone: (800) 325-5516 Local: (217) 333.3252	<b>Planned Parenthood East Central Illinois</b> 900 W. Temple Ave. Suite 210 Effingham, IL 62401 Phone: (217) 347-7920	
DEVELOPMENTAL DISABILITIES			
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>PrairieLand Services Coordination</b> 132 S. Water St. PO Box 315 Decatur, IL 62523-1332 Phone: (217) 424-0766	<b>Human Resources Center of Edgar/Clark Counties</b> 118 E. Court St PO Box 1118 Paris, IL 61944-2210 Phone: (217) 465-4118	<b>Moultrie County Beacon</b> 401 W. Water Street PO Box 406 Sullivan, IL 61951-1883 Phone: (217) 728-7396	<b>ARC Community Support Systems</b> 2502 S. Veterans Dr. Effingham, IL 62401-4123 Phone: (217) 347-5601
<b>8</b>	<b>9</b>		
<b>Camp New Hope</b> P.O. Box 764 Mattoon, IL 61938 Phone: (217) 895-2341	<b>CCAR</b> 1530 Lincoln Ave Charleston, IL 61920 Phone: (217) 348-0127		

EDUCATION / TRAINING			
<p><b>10</b> <b>Lake Land College</b> 5001 Lake Land Blvd. Mattoon, IL 61938 Phone: (217) 234-5253 www.lakeland.cc.il.us</p>	<p><b>11</b> <b>Parkland College</b> 2400 W. Bradley Ave. Champaign, IL 61821 Phone: (800) 346-8089 www.parkland.edu</p>	<p><b>12</b> <b>Danville Area Community College</b> 2000 E. Main Street Danville, IL 61832-5199 Phone: (888) 445-3222 www.dacc.cc.il.us</p>	<p><b>13</b> <b>Olney Central College</b> 305 N. West Street Olney, IL 62450 Phone: (618) 395-7777 www.iecc.edu/occ</p>
<p><b>14</b> <b>Richland Community College</b> One College Park Decatur, IL 62521 Phone: (217) 875-7200 www.richland.edu</p>	<p><b>15</b> <b>Lincoln Trail College</b> 11220 State Highway 1 Robinson, IL 62454-5707 Phone: (866) 582-4322 www.iecc.edu/ltc</p>	<p><b>16</b> <b>Eastern Illinois University</b> 600 Lincoln Avenue Charleston, IL 61920-3099 Phone: (217) 581-5000 www.eiu.edu</p>	<p><b>17</b> <b>CEFS Job Training Center</b> 704 N. Main St. #102 Tuscola, IL 61953 Phone: (217) 253-4151</p>
<p><b>18</b> <b>Moultrie County CEFS Outreach</b> 114 E Harrison St Sullivan, IL 61951 (217) 728-7721</p>	<p><b>19</b> <b>CEFS Paris Office</b> 101 N Central Ave Paris, IL 61944 (217) 465-1160</p>	<p><b>20</b> <b>CEFS Effingham County Outreach</b> 202 N Banker St Effingham, IL 62401 (217) 347-7514</p>	
PUBLIC HEALTH / MENTAL HEALTH			
<p><b>21</b> <b>Macon County Community Mental Health Board</b> 132 S Water St Decatur, IL 62523-1332 (217) 423-6199</p>	<p><b>22</b> <b>Cumberland Associates, Inc</b> 120 Court House Sq PO Box 385 Toledo, IL 62468 (217) 849-3803</p>	<p><b>23</b> <b>Cumberland County Health Dept</b> 132 Courthouse Square PO Box 130 Toledo, IL 62468 (217) 849-3211</p>	<p><b>24</b> <b>Douglas County Mental Health Center</b> 114 W. Houghton St Tuscola, IL 61953-1660 (217) 253-4731</p>
<p><b>25</b> <b>Moultrie County Counseling</b> 2 W Adams St. PO Box 163 Sullivan, IL 61951-1943 (217) 728-4358</p>	<p><b>26</b> <b>Moultrie County Health Dept</b> Women, Infants, &amp; Children 2 W Adams St. Sullivan, IL 61951-1943 (217) 728-4442</p>	<p><b>27</b> <b>Moultrie County Health Dept</b> Family Case Management 2 W Adams St. Sullivan, IL 61951-1943 (217) 728-4114</p>	<p><b>28</b> <b>Clark County Health Dept.</b> PO BOX 266 Martinsville, IL 62442 (217) 382-4207</p>
<p><b>29</b> <b>Heartland Human Services</b> 1200 N. 4<sup>th</sup> St PO Box 1047 Effingham, IL 62401-3032 (217) 342-6716</p>	<p><b>30</b> <b>Effingham County Health Dept</b> 901 W. Virginia Ave Effingham, IL 62401-2012 (217) 342-9237</p>	<p><b>31</b> <b>Edgar County Health Dept.</b> 502 Shaw Ave. Paris, IL 61944 (217) 465-2212</p>	<p><b>32</b> <b>Shelby County Health Dept.</b> 1700 W. South 3d St. Shelbyville, IL 62565 (217) 774-5812</p>
<p><b>33</b> <b>Coles County Health Dept.</b> 825 18<sup>th</sup> St. Charleston, IL 61920 (217) 348-0547</p>	<p><b>34</b> <b>Coles County Mental Health Center</b> 1300 Charleston Ave PO Box 1307 Mattoon, IL 61938-4016 (217) 234-6405</p>	<p><b>35</b> <b>Shelby County Community Services</b> 1810 W. South 3d St. PO Box 650 Shelbyville, IL 62565-9595 (217) 774-5587</p>	<p><b>36</b> <b>Shelby County Health Dept.</b> 1700 W. South 3d St. Shelbyville, IL 62565 (217) 774-5812</p>
REHABILITATION SERVICES			
<p><b>37</b> <b>Decatur DRS Office</b> 1065 W. Pershing Rd Decatur, IL 62526-1540 Phone: (217) 875-4866</p>	<p><b>38</b> <b>Mattoon DRS Office</b> 129 N. 15th St Mattoon, IL 61938-3927 Phone: (217) 235-3154</p>	<p><b>39</b> <b>Decatur DRS Office</b> 1065 W. Pershing Rd Decatur, IL 62526-1540 Phone: (217) 875-4866</p>	

**FAMILY COMMUNITY RESOURCE CENTER**

<b>40</b> <b>DHS Family Community Resource Center in Clark County</b> 315 S. 14 <sup>th</sup> St. Marshall, IL 62441 (217) 826-2541	<b>41</b> <b>DHS Family Community Resource Center in Cumberland County</b> 200 S. Indiana St. PO Box 188 Toledo, IL 62468 (217) 849-3541	<b>42</b> <b>DHS Family Community Resource Center in Douglas County</b> 207 E Ficklin St. Tuscola, IL 61953 (217) 253-3347	<b>43</b> <b>DHS Family Community Resource Center in Edgar County</b> 11773 Co. Hwy 1 Paris, IL 61944 (217) 465-6491
<b>44</b> <b>DHS Family Community Resource Center in Effingham County</b> 925 E. Fayette Ave. PO Box 726 Effingham, IL 62401 (217) 342-4160	<b>45</b> <b>DHS Family Community Resource Center in Moultrie County</b> 625 S Hamilton St. Sullivan, IL 61951 (217) 728-7343	<b>46</b> <b>DHS Family Community Resource Center in Coles County</b> 119 W. State St Charleston, IL 61920 (217) 345-2188	<b>47</b> <b>DHS Family Community Resource Center in Shelby County</b> 610 W. Main St. Shelbyville, IL 62565 (217) 774-3971
<b>MISC.</b>			
<b>48</b> <b>Embarras River Basin Agency (ERBA – West)</b> 2520 Marshall Mattoon, IL 61938 (217) 235-4949	<b>49</b> <b>Embarras River Basin Agency (ERBA – East)</b> 825 18 <sup>th</sup> Street Charleston, IL 61920 (217) 345-4840	<b>50</b> <b>Embarras River Basin Agency (ERBA – Edgar County)</b> 502 Shaw Ave. Paris, IL 61944 (217) 465-4911	<b>51</b> <b>Embarras River Basin Agency (ERBA – Douglas County)</b> 107 W. South Central Tuscola, IL 61953 (217) 253-4434
<b>52</b> <b>Embarras River Basin Agency (ERBA – Cumberland Co.)</b> 115 S. Kentucky PO Box 307 Greenup, IL 62428 (217) 923-3599	<b>53</b> <b>Embarras River Basin Agency (ERBA – Clark County)</b> 2 W. Cumberland PO Box 124 Martinsville, IL 62442 (217) 382-3412	<b>54</b> <b>Catholic Charities of Mattoon</b> 4217 Dewitt Ave. Mattoon, IL 61938 (217)235-0420	<b>55</b> <b>Effingham Catholic Charities</b> 1502 E Fayette Ave. Effingham, IL 62401 (217) 857-1458
<b>56</b> <b>Catholic Charities of Marshall</b> 315 S 14th St Marshall, IL 62441 (217) 826-3844	<b>57</b> <b>Soyland Access to Independent Living (SAIL)</b> Decatur Office 2449 Federal Drive Decatur, IL 62526 (800) 358-8080	<b>58</b> <b>Soyland Access to Independent Living (SAIL)</b> Shelbyville Office PO Box 650 1810 W. South 3 <sup>rd</sup> Shelbyville, IL 62565 (217) 774-4322	<b>59</b> <b>Soyland Access to Independent Living (SAIL)</b> Sullivan Office 1102 W. Jackson Sullivan, IL 61951 (217) 728-3186
<b>60</b> <b>Soyland Access to Independent Living (SAIL)</b> Charleston Office 757 Windsor Road Charleston, IL 61920 (217) 345-7245			

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