Although programs for the metally retarded may be housed in many different kinds of buildings, there are four broad types of facilities: (1) Diagnosis and evaluation clinics—those providing diagnostic and evaluation services; (2) day facilities—those providing any or all elements of treatment, education, training, personal care, and sheltered workshop services for less than 24 hours per day; (3) residential facilities—those providing such services for a 24-hour period per day; and (4) group home facility—those providing group home or housing services for individuals being trained to live independently in the community and those who are employed within a community but need some type of minimal supervision.

(b) *Services Rendered*

The primary objective of all services for the mentally retarded should be to provide opportunities for each individual to attain his fullest potential. The types of services rendered, however, will be influenced by the number of individuals in various levels of retardation—mild, moderate, severe, and profound—and in age classifications such as children (preschool and school age) and adults. To meet the of the retarded as shown in chart I, taken from the report of President's panel, and also to provide a continuum of care, widely -ervices have been developed. Chart II shows both the variety and range of representative services needed by the retarded.

CHART I.—*Developmental characteristics of the mentally retarded*

Degrees of mental retardation	Preschool age, 0 to 5, Maturation and development	School age, 6 to 20, training and education	Adult, 21 and over, social and vocational adequacy
--	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Some motor development present; may respond to minimal or limited training in self-help.	Some motor and speech development; may achieve very limited self-care; needs nursing care.
--	Poor motor development; speech is minimal; generally unable to profit from training in self-help; little or no communication skills.	Can talk or learn to communicate; can be trained in elemental health habits; profits from systematic habit training.	May contribute partially to self-maintenance under complete supervision; can develop self-protection skills to a minimal useful level in controlled environment.
--	Can talk or learn to communicate; poor social awareness; fair motor development; profits from training in self-help; can be managed with moderate supervision.	Can profit from training in social and occupational skills; unlikely to progress beyond 2d grade level in academic subjects; may learn to travel alone in familiar places.	May achieve self-maintenance in unskilled or semiskilled work under sheltered conditions; needs supervision and guidance when under mild social or economic stress.
--	Can develop social and communication skills, minimal retardation in sensorimotor areas; often not distinguished from normal until later age.	Can learn academic skills up to approximately 6th grade level by late teens. Can be guided toward social conformity.	Can usually achieve social and vocational skills adequate to minimum self-support but may need guidance and assistance when under unusual social or economic stress.

Source: U.S. Department of Health, Education, and Welfare. *Mental Retardation Activities of the U.S. f Health, Education, and Welfare*, Washington, D.C., U.S. Government Printing Office, July