Among the more important services required in an overall program are the following:

Diagnosis and evaluation.—These services involve the diagnosis and evaluation of the individual; the appraisal of resources of the individual, his family, and the community; and the development of a plan to help the individual develop to the extent of his capabilities. An adequate and thorough diagnosis of all retarded persons is an essential service in any mental retardation program. Since all other services are largely dependent upon the quality of the diagnosis and evaluation services provided, these services are the keystone to the development of a complete array of services in any community.

Treatment.—These services include medical and appropriate related ancillary services and therapies to provide for the improvement of the individual: physically, psychologically, and socially. The importance of developing and maintaining adequate treatment services for the retarded is emphasized by the fact that a significant number of retardates have associated disabilities such as impaired hearing, difficulty in perceiving, impaired vision, poor muscular coordination, and physical deformities.

Education.—These services include curriculums of instruction geared to the needs of the mentally retarded at various levels of retardation and in different age groupings.

Training.—Included in these services are training in motor skills, self-help, and activities of daily living; vocational training; and socialization experience conducive to personality development.

Custodial care.—These services cover food, shelter, clothing, and medical care. Also included are special medical and nursing services directed at the prevention of regression in the retarded individual and stimulation of his maturation.

Sheltered workshops.—These services include vocational evaluation, training, and paid work experience.

(c) *Standards of Performance*

Uniform national statistics regarding mental retardation are very limited. In view of this, only gross estimates of the overall magnitude of the problem can be established. One such estimate may be derived through measures of intelligence. Experience has shown that most people with IQ's below 70 have difficulty in learning and in adapting to their environment. On this basis, it is estimated that about 30 per 1,000 population would score below this level. Based on the 1965 civilian resident population of 192 million, about 5.8 million persons would be affected. It should be borne in mind that large numbers of these people are classified in the mild category, and no special facilities or services are needed. In the best judgment of authorities in the field of mental retardation, the number of mentally retarded for which special facilities should be provided is not 30 per 1,000 population but closer to 10 per 1,000 population.

Some indication of the number being served in existing facilities for the mentally retarded may be obtained from information reported in 46 State plans. On the basis of this information, it appears that about 1.75 individuals per 1,000 civilian resident population are presently being served in existing facilities for the mentally retarded. Of the 46 States reported, the District of Columbia has the highest