ments and at the same time, provide a measure of flexibility for possible future expansion of the structure for training programs. To a degree, the teaching methods will dictate that planning includes space and facilities for lecture rooms, conference rooms, demonstration areas, and direct or audiovisual observation. Consideration must be given for the provision of space for comprehensive day care services for the clinical population selected for teaching programs. These services include diagnosis, evaluation, training and education, as well as recreation. When required by the project program, space will be provided for residential care of short-term inpatients, and living accommodations for their parents may also be included. Faculty and student space will comprise offices, study rooms, conference rooms, libraries, and research areas. Support space for such purposes as administration, lobbies, waiting areas, toilets, lockers, and maintenance is a necessity.

(b) *Services Rendered*

Services rendered to the mentally retarded are primarily clincial and diagnostic in nature which demonstrate the "continuum of care" in the selecting, blending, and using in proper sequence the medical, educational, and social services required by the retardate to minimize his disability in every point of his life span. The kinds and types of services rendered will be influenced by the types of the clinical population in the various levels of retardation—mild, moderate, severe, and profound. The availability of professionals qualified to teach and train students in the most advanced practices of their respective professions, will also have an impact on service. The services rendered to the mentally retarded bear a direct relationship to the training programs and to the clinical practices used for teaching demonstration purposes.

(c) *Standards of Performance*

Professional training programs in mental retardation are not subject to the accreditation programs of any national body. As above indicated, institutions are expected to enforce qualitative as well as quantitative standards of practice and service to the mentally retarded.

2. EXISTING CAPITAL PLANT IN THE UNITED STATES

In 1965 no facilities or structures were in existence of the type envisioned by the legislation.

B. Costs and User Charges

As previously indicated, no projects have been completed to date, therefore, no current or accurate data are available to provide any precise estimate of cost for training facilities; however, a gross estimate by applicants on 10 recently approved projects ranges from $30 to $40 per square foot for total cost, which includes architectural fees, initial equipment, and other associated construction costs. All structures are of longtime durability, and applicants are required to secure an interest in the site sufficient to assure the undisturbed use and possession of the land for 50 years and to assure the Federal Govern-