ICF-CY Practice Translator
Intellectual Outcome of the Erasmus + Project
ICF-CY MedUse

How to use Guide
Supporting tool of O1
“Practice translator”
Online ICF tool

Developed by the Meduse consortium
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1.Introduction

The ICF-CY Practice Translator is now available in German, English, Italian, Turkish, Macedonian, Portuguese and Slovak. An ‘easy-reading’ version for parents is also available in German.

This “easy reading” version addresses the partly “technocratic” aspect of the original ICF-CY language and aims to increase **understanding and full participation of PwD or parents**.

Easy Reading

Figure 1: Selecting your language or the EASY READING parent-centred variant

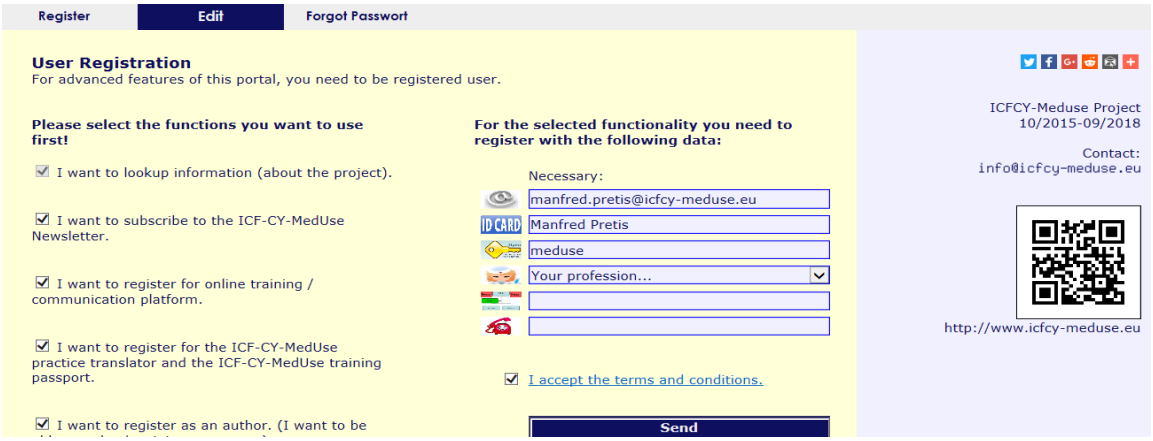
The first step to use ICF-CY Practice Translator is to choose your language and/or the relevant “**easy reading**” version. The EASY READING version tries to translate the partially technocratic language into a child-centred way. Most of the sentences therefore start with “My child or I need”. This is seen as an invitation to parents to think in terms of categories of ICF-CY to improve communication processes between themselves and professionals.

1.1 What is the ‘ICF-CY Practice Translator?”

The ICF-CY Practice Translator is a problem-solving tool for daily practice in social paediatric care, early childhood intervention services and integrative day care in order to overcome problems regarding treatment and support.

The ICF-CY Practice Translator is a gratuitous and freely accessible tool, which **does not store any personal data**. It generates an ICF-CY based “picture/representation” of your treatment plan for the child and/or family that professionals are working with. This “ICF-CY based representation” can be exported as a PDF file into your care/treatment documentation. However, no personal data will be stored on the Internet.

You may use the ICF-CY Practice Translator with or without registration. Please notethat we strongly advise to register at our homepage to use all features and functionalities of our tools, however there is no obligation to do so.



Screenshot of registration

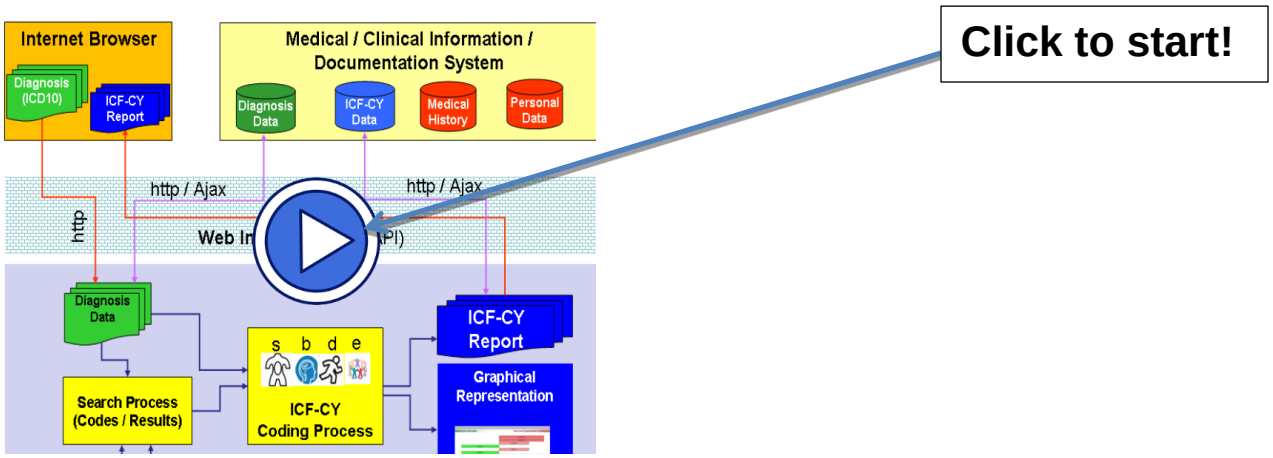
Your user credentials (Username =E-mail address and password) will be sent to your E-mail address immediately after registration.

1.2 Pre-requisites for using the ICF-CY Practice Translator

By using the ICF-CY Practice Translators you are obliged to refer to the general ethical guidelines from WHO for using the ICF-CY. The ICF-CY Practice Translator is a description tool in terms of a common **meta-language** to describe the holistic situation of a person with a HEALTH problem. The ICF-CY Practice Translator therefore is not a diagnostic tool.

1.3 How to start the ICF-CY Practice Translator

You may/will find the ICF-CY Practice-Translator within our homepage www.icfcy-Meduse.eu under “Tools”. Click on the “ICF-CY Practice Translator” (which represents the outcome 1 of our Erasmus + project), and then click on the **ARROW,** or at the graph itself.



Starting the ICF-CY Practice Translator

As mentioned above, the ICF-CY Practice Translator will help you generate an **anonymous ICF-CY representation of an individual situation of a child in his/her relevant context.** This representation can be exported as a PDF file and saved into your own clinical documentation system.

The ICF-CY Practice Translator therefore serves as an **exchange tool** between **parents** and **diverse professionals** to reflect about the situation of a child with a **health problem, by using a common language**.

Thus, the ICF-CY Practice Translator supports the finding process of common **goals** within **teams around the child,** and creates a mutual understanding of the child's support/care needs.

2. How to use the ICF-CY Practice Translator?

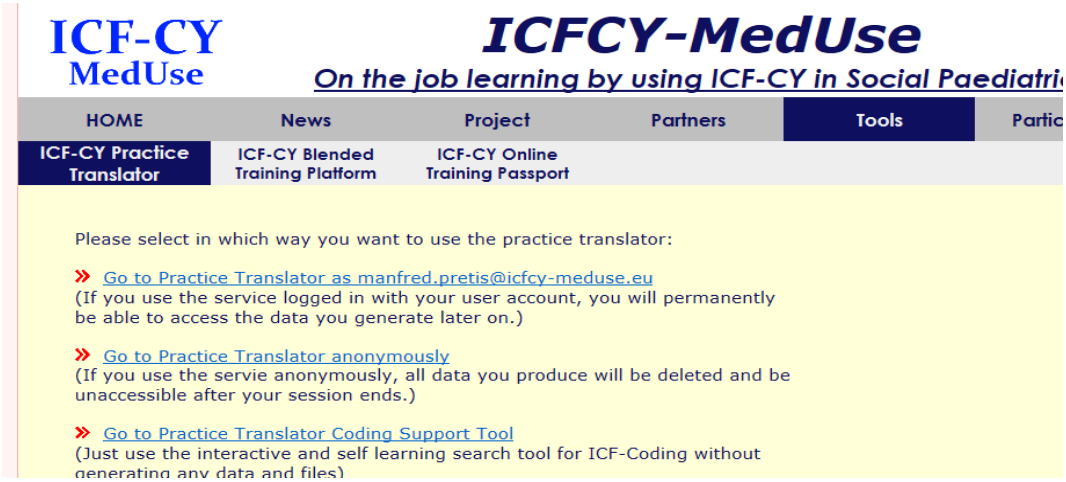
There are **3 possibilities** to use the ICF-CY Practice Translator

1. Using the tool as a **registered user** (Go to Practice Translator as 'your user name will appear here'). Being a registered user means that you are able to store? and **re-use** your anonymous ICF-CY representations (e.g. if you wish to perform e.g. pre-post-evaluation)

2. Using the tool as an **anonymous user** (Go to Practice Translator anonymously). As an anonymous user your ICF-CY representation will not be available for any later usage. In this case, the system will randomly create a "one-off" username for you, which will just be used for the creation of one dataset. This means that you will not be able to use this username again, and that the system will not store the anonymous dataset created for later reuse or recall.

3. Using the **functionalities of search and coding only** (Go to Practice Translator Coding Support Tool). By using this feature you will be able to perform SEARCH FUNCTIONS and benefit from the p2p functions of the tool. These functions show you which codes other users selected concerning a certain diagnosis or certain keywords.

Please note: Closing the browser while using the tool as **anonymous user** will cause you to lose all of your generated ICF-CY classifications and assessments. This also includes any comments or notes inserted into the optional text fields of the ICF-CY Practice Translator (e.g. an ICD-10 diagnosis). These will not be stored and cannot be retrieved after closing the browser window.

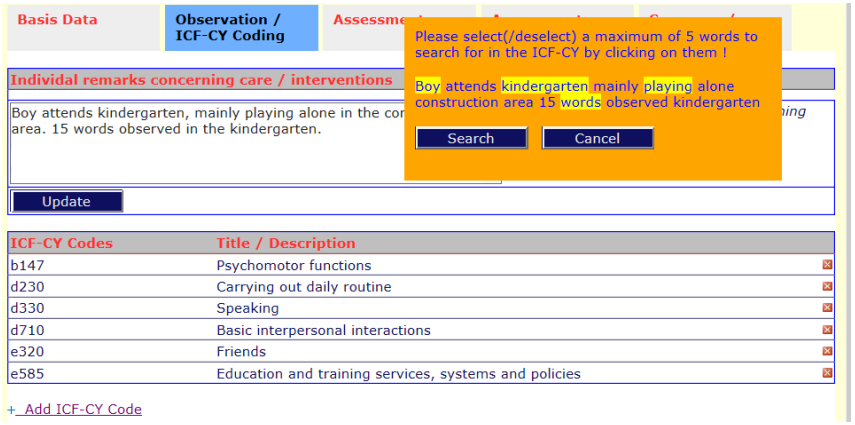


Choosing the adequate variant

As mentioned before, it is not necessary to register for using functionalities **variants 2 or 3.**

3. "Searching for a code"

In case you are not familiar with the codes of the ICF-CY (as described in the previous section, 'the best case') or you are not sure which code might best link to your relevant narrative, you might use the '**advanced search' option**. This option allows you to make a full-text search within the relevant ICF-CY item-set (which you have previously selected, whether it is the whole ICF-CY system, a specific checklist or a code set).



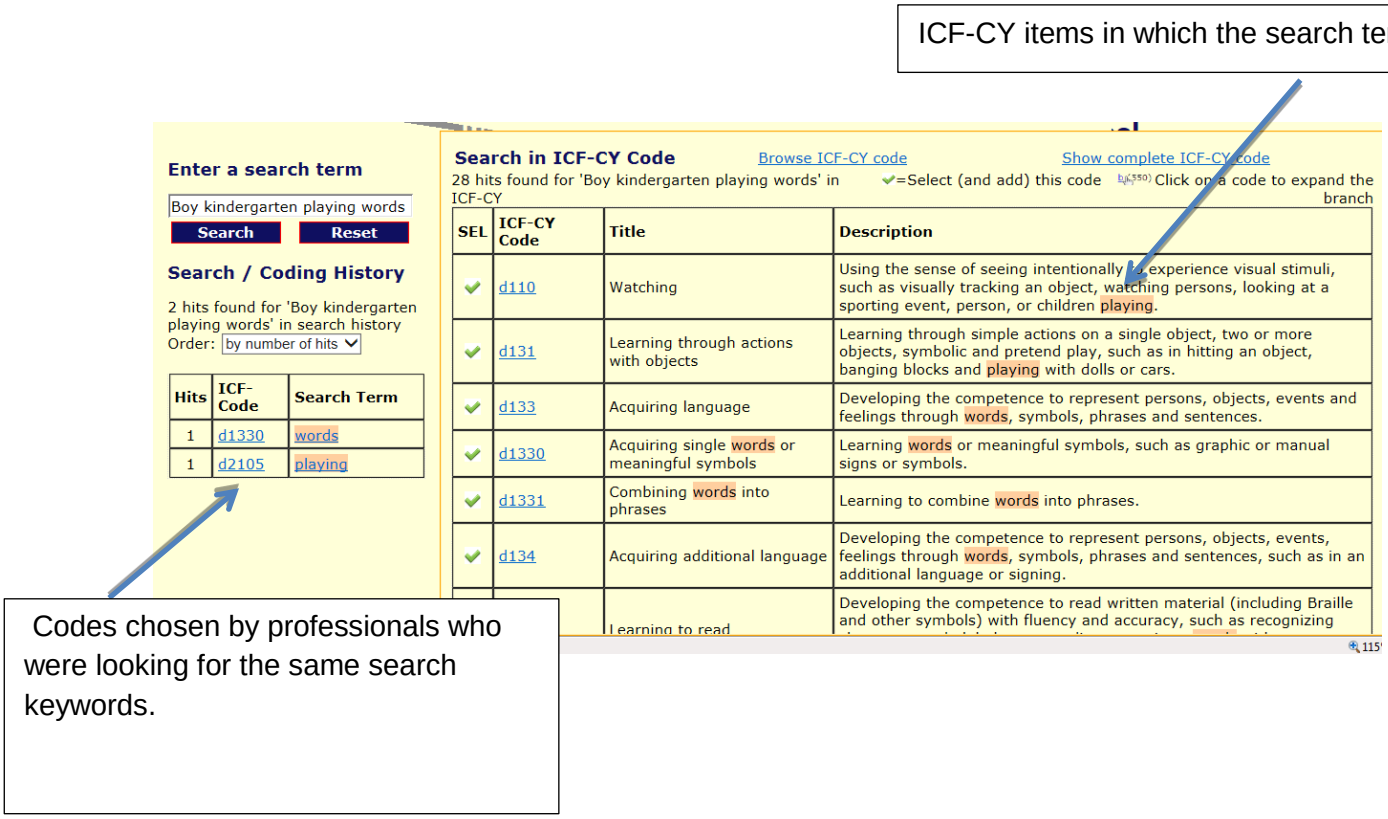
Advanced search

As you can see in Graph 16, the advanced search option shows how to choose up to 5 keywords (highlighted in yellow). These keywords are derived from data you have previously entered, such as ICD 10 diagnosis, the parental concerns and/or your individual remarks (see Graph 12). To edit the keyword selection, just click on any of the words to select or deselect them from group of keywords you want to search codes for.

Once you have selected the keywords, press '**Search**', and the system will look for the keywords in all the ICF-CY items. The system will show you:

a) all relevant ICF-CY items where your selected keywords are included (right side of the picture)

b) “hits” of other users, who were looking for these expressions, together with the ICF-CY codes they assigned to their keyword search.



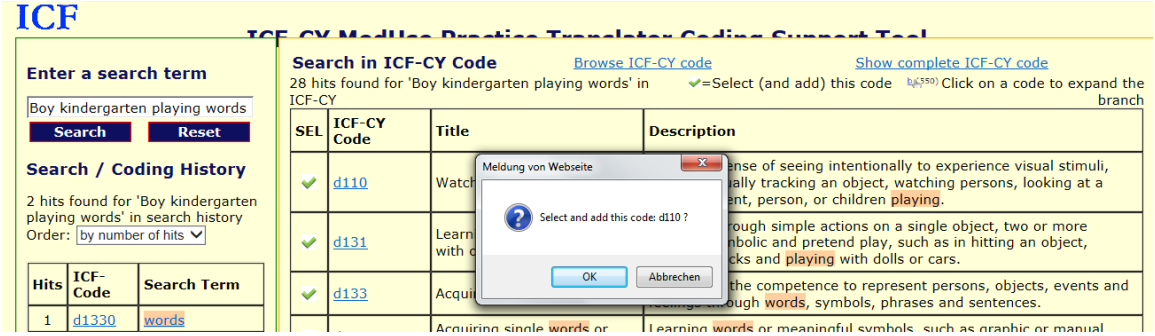
Exemplary results of an advanced search using the keywords “boy, kindergarten, playing, words”

The Graph illustrates 2 types of results:

a) The table on the right side displays all ICF-CY items where the keywords appear. In this case, the chosen database for the search has been the whole ICF-CY system. However, if the pre-defined selection of codes chosen is narrower (i.e. ASD Core sets), then the search for the keywords will be bound to the limits of the chosen database. The database for this search are the ICF-CY descriptors or – if you have chosen the “easy reading version” their descriptors.

b) The left side displays the search history of other users, or ‘hits’. The number of hits corresponds to the number of users who have searched for the same keyword, and the code that they have assigned to it. In the example provided in Graph the term “playing” was searched by 1 user, who subsequently chose the ICF-CY code ’d2105’. This does not necessarily mean that the assigned code is the most adequate for your keyword search. Nevertheless, it illustrates how other users made their choice of codes.

You can select from the table on the right the ICF-CY Code that best represents your keyword search by clicking on the green ‘tick’ next to the code, and this chosen item will be included in your list (concerning the narrative of your data-file). Once you select the code, the system will verify your selection and ask you to confirm the addition of the item to your list (see Graph 18).



Graph 18: Selecting a ICF-CY code

2.1 Practical issues while assigning codes to individual narratives

a) Number of codes to be selected

From our practical experience concerning the complexity of information, it is highly recommended by the developers to not code more than 15 relevant aspects.

b) Focus on diverse components

Experience has shown that professionals tend to focus on b- and d-codes, and that e-codes (environment) are neglected - only 3-5% of codes used focus on environmental aspects (Pretis 2015). Castro & Pinto (2013), i.e., highlight the importance of environmental factors concerning young children with ASD.
We invite you to take into account, consider and include relevant aspects from the component **environment** (e-codes), in case you have not chosen such codes.

c) Describe and assign but do not ASSESS

As mentioned before, this first process consists of purely assigning an individual narrative to ICF-CY codes. Although differentiation from assessment or evaluation might be initially difficult, the process of assigning codesdoes not entail the examination of individual narratives in evaluative terms (like good, bad, decreased, increased, retarded, problems with...).

d) Training

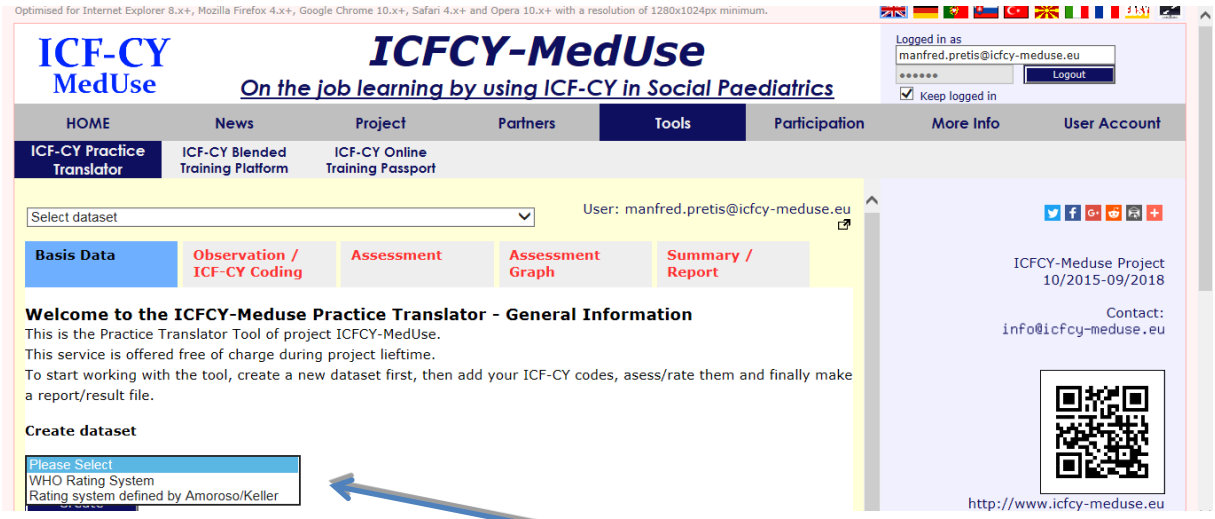
In order to assist you in the finding or assigning processes in transdisciplinary teams, specific training in these issues is required.. The ICF-CY MedUse Training Platform (O2) provides you and your team with relevant information.

3. ADDS on

3.1 Start using the ICF-CY Practice Translator / create a new dataset

The ICF-CY Practice Translator consists of diverse functional areas. Creating an ICF-CY based anonymous representation of the holistic situation of the child is the goal of this process.

Before you use the diverse functions, you need to create a new dataset or file with “Create dataset”. In doing so, you have to decide which **Qualifier system** you base your dataset representation on:



Graph 5: Selecting the qualifier system

a) The WHO qualifier system

From the WHO table (listed below), a health problem – concerning body functions (b- codes), body structures (s- codes) and activity/participation (d- codes) - could be assessed by using the appropriate qualifier, ranging from 0 (no difficulty/no impairment) to 4 (complete difficulty/complete impairment). including other numeric assignments. Please be awarethat any usage of qualifiers needs to be based on INDICATORS (see later).

One single item from the area of body functions, body structures or activity/participation (without reference to competence or performance) can thus be coded as follows:

xxx.0 = no difficulty/no impairment (without, no, negligible), 0-4%
xxx.1 = mild difficulty/mild impairment (rarely, minor), 5-24%
xxx.2 = moderate difficulty/moderate impairment (medium, occasionally quite), 25-49%
xxx.3 = severe difficulty (extreme, severe), 50-95%
xxx.4 = complete difficulty/complete impairment (complete, total), 96-100%
xxx.8 = Not specified
xxx.9 = Not applicable

Table 1: WHO qualifiers for s, b and d-codes

The qualifiers for **environmental factors** (e-codes) also range from 0 to 4, and are divided into two sections, to indicate the extent to which a factor is a facilitating aspect or a barrier. Facilitating aspects are coded with a prefixed **+** before the qualifier (consequently, xxx.+4 points out a highly beneficial environment aspect). For barriers, the evaluation follows the same logic that of functions, structures and activity and participation: e.g. xxx.2 describes a moderate barrier.

These evaluations are graphically represented by bars which vary in length and colour. The length of the bar refers to (???). Green bars represent facilitating environmental factors, whereas red bars represent barriers.

b) Qualifier system suggested by Amorosa and Keller (2012)

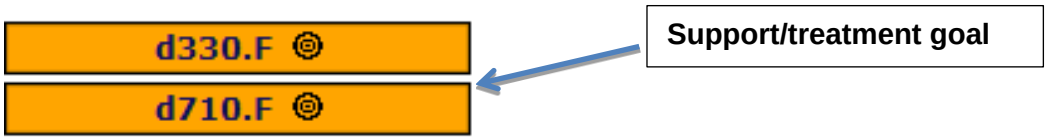
Besides the WHO qualifier system you may also choose the German approach suggested by Amorosa and Keller (2012). Their scaling focuses on **categorical data** and is mainly used for reflection processes in teams around a child.

Their qualifiers represent:

1 = No impairment 2 = Impaired/delayed I = Further information required F = Target area of support/treatment* N = Inapplicable

Table 2: Qualifier system based on Amorosa/Keller

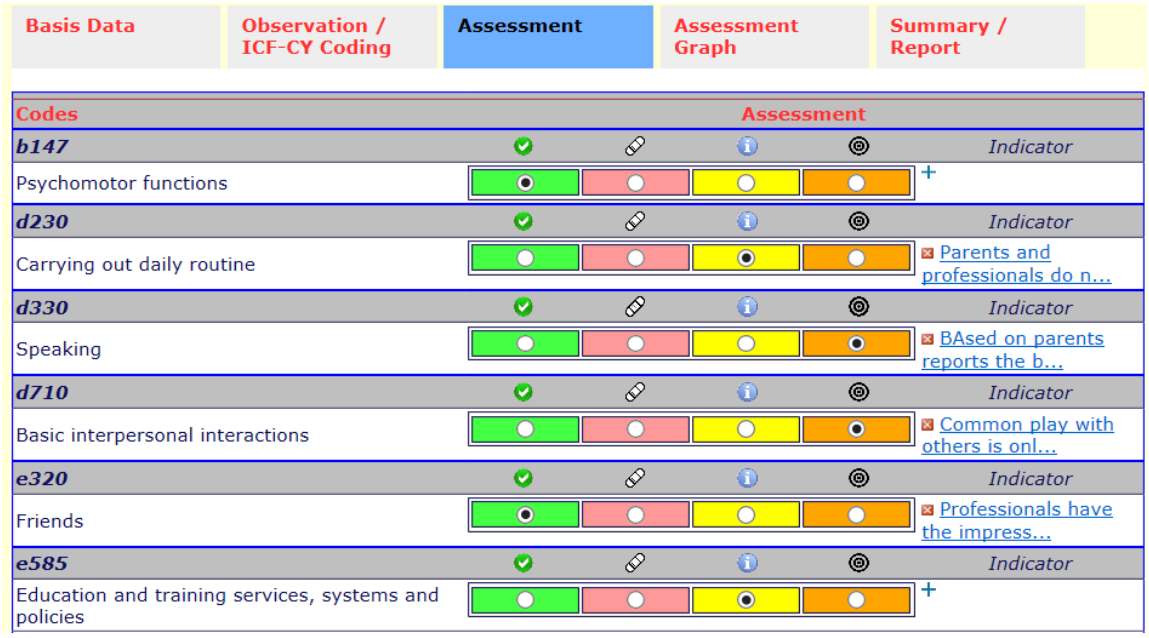
*Note that within our ICF-CY MedUse project the “target areas of support/treatment” – using the approach of Amorosa/Keller - are graphically represented with a bull’s eye symbol.:



Graphical representation of a treatment/support goal within the Amorosa/Keller approach.

The assessment section will consequently follow the chosen qualifier system and categorisation. (see Assessment section for detailed information):

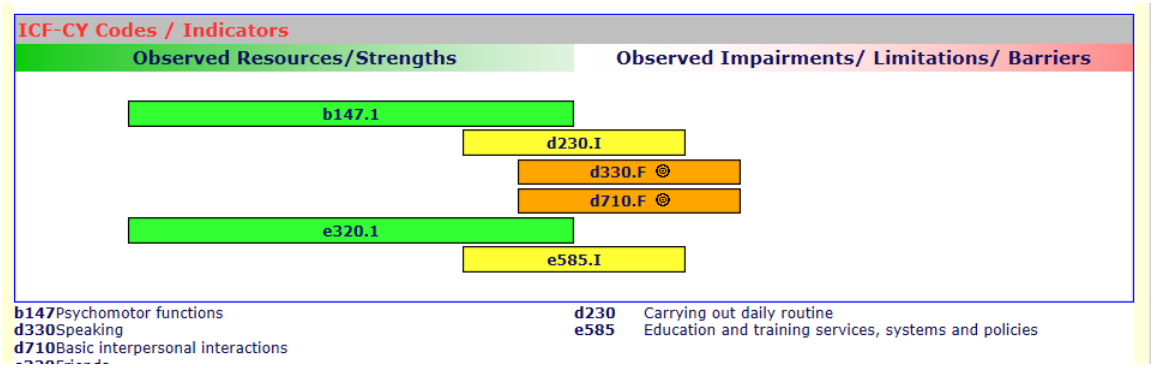
For each new data-file you can choose the qualifer system you wish to apply.



Assement of the quality/quantity of a problem based on Amorosa/Keller

Therefore the graphical representation (based on Amorosa/Keller qualifier) looks different to the WHO-qualifier representation (note the bull's eye for the proposed goals of treatment/support)

It has to be emphasized that the amended qualifiers – suggested by Amorosa and Keller – do not allow pre/post comparisons (Pretis, 2016).



Graphical representation of Amorosa/Keller qualifier-approach

After selecting the relevant qualifying system you may proceed to use the ICF-CY Practice Translator by clicking **"CREATE**". This action produces a new dataset for the user. [insert screenshot maybe?]

This new dataset will follow different steps that contain diverse areas/functionalities, which are:

- Basis (anonymous) data
- Observation/ICF-CY Coding: assignment of relevant anonymous/narrative information to ICF-CY codes
- Assessment: applying qualifiers to assess the quality/quantity of the "problem"

- Graphical representation of the assessment
- Summary/Report: PDF file which can be “exported” to existing (institutional) documentation systems.

4. ADDS on Functionalities of the ICF-CY Practice Translator

4.1. Area of BASIS data

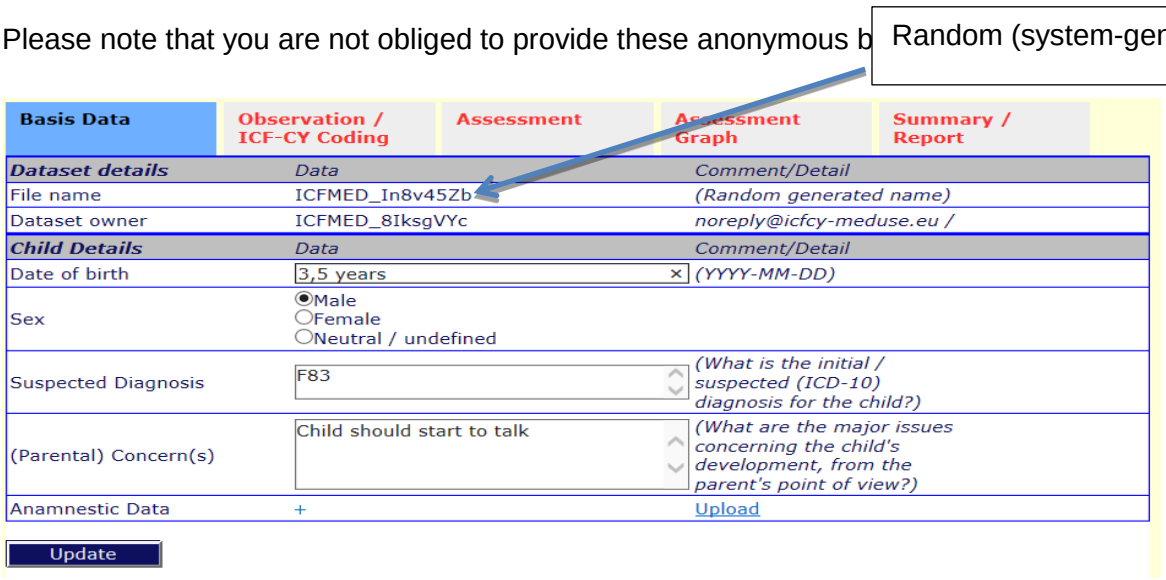
The area of “basis data” mainly supports your own ***search processes and p2p*** (community of practice-learning) ***functions***, that allow youto learn from the experience of other users. Based on the anonymous information entered within this area you will be able to:

- Find corresponding ICF-CY codes
- Learn about the usage by others (which codes other users frequently apply)
- Include the concerns of parents

4.1.1 Choosing a name for your file

In all cases, the system will generate a random alphanumeric string (code) as a name for your file. If you use the tool as **registered user**, you will be able to change the file name, which will facilitate its recall and retrieval for later usage. This can be done by using the “Select File” dropdown menu).
NOTE: Using the tool as an **anonymous user** will *not* allow you to rename the created file, nor any previously created file.
Please be aware that no child can be identified based on the information you provide about them, whether it is in the form of an ICD-10 code, gender, age, anonymous narrative and/or worries of the parents. However, the introduction of any personal data (such as a last name) by you might compromise the anonymity of the child.

Please note that you are not obliged to provide these anonymous b

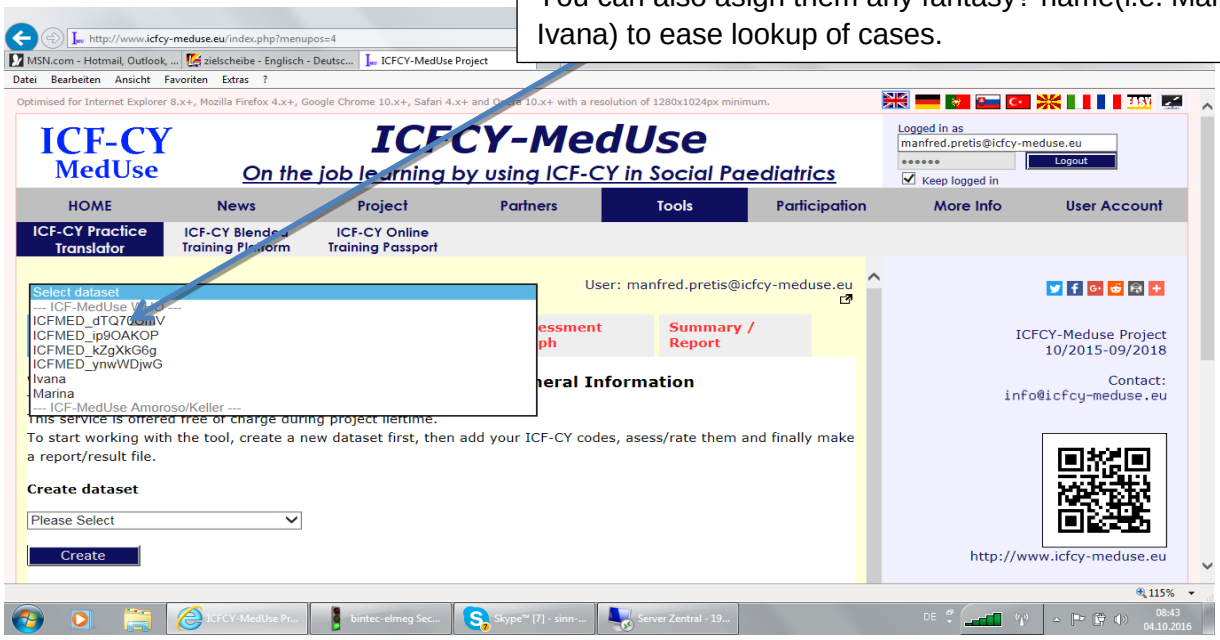


Naming your file

Please remember to continuously **update** (save) your information, otherwise you will not be able to use it within the next steps.

If you have already created an anonymous file, you are able to retrieve it by selecting it from a drop-down list (select dataset). **This feature is only available for registered users**!

As a **registered user** you can select your previously created datasets or cases.
You can also asign them any fantasy? name(i.e. Marina, Ivana) to ease lookup of cases.



Retrieving your anonymous file

What is important to know for your further procedure?

If you enter

a) A **diagnosis** (in terms of an ICD-10 code)
b) **Free text into** the area of parental concerns
c) And **free text** or an anonymous narrative into the following "Individual remarks concerning care/interventions" using keywords,

then you will be able to include this information into your **search** process e.g. if you wish to find corresponding ICF-CY codes for an individual narrative (for further details on this, please see page 16)

4.1.2 Entering further information

You may ask yourself, **why it is important** to provide more detailed information like the diagnose, age-group, gender or concern of the parents

Diagnosis: Following WHO-philosophy using the ICF-CY starts with a health status or problem. This means that for a child a diagnosis should be available – also avoiding that ICF-CY is "misused" as a diagnostic tool.

Please apply the relevant ICD-10 code for diagnosis. This will later on help you benefit from the p2p functions of the tool. In later stages you will see that based on certain keywords, and also based on the ICD 10 diagnosis you will learn which codes were applied by other professionals when a certain diagnosis was given.
Recommended format: Please do not insert a space between the ICD10 code letter and number. Diagnoses should be inserted like these examples: F80, Q90, F93, R62.

The diagnosis (or suspected diagnosis) is the starting point. Following Kraus de Camargo, within the next steps of "Thinking ICF" you will be free to choose your "point of entry": you might choose to start your narrative or observations by focusing on the environment of a child, or on aspects of participation. The philosophy of ICF-CY understands disability as the result of the interaction between an individual and his/her relevant environment

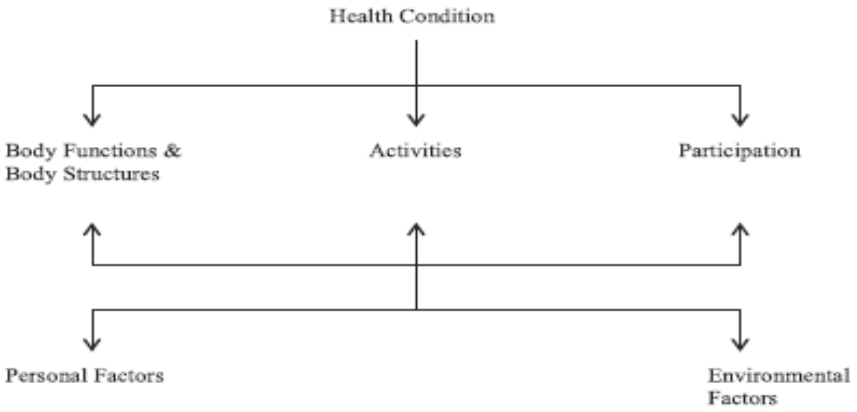


Figure 1. ICF/ICF-CY model (WHO, 2001).

Overview of relevant ICF-CY components

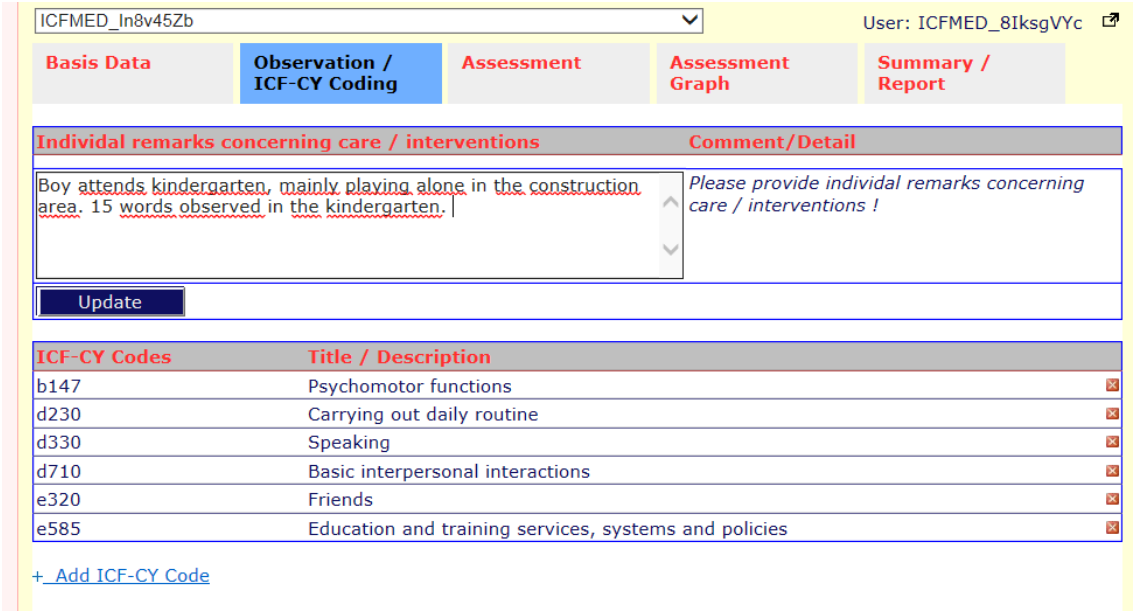
Age: Within our tool you can choose ordinal age categories within a drop down menu. Why is the AGE of a child important? ICF-CY is appliedto children and adolescents who still undergo **developmental (changing) processes**. Whenever professionals and/or parents perform assessments, these processes have to be related to relevant age or cultural norms (e.g. referring to processes of typical development).

Example: For a 2-year old child, expressing 20 words/utterances could be seen as "NO PROBLEM", based on relevant milestones of development. However, for a 4-year old child, expressing 20 words/utterances might be assessed as a SEVERE problem.

Gender: As WHO also indicates, the ICF-CY can be used as a statistical tool – e.g. addressing issues of prevalence or incidence. Taking into account that currently two thirds of the eligible target group in Early Childhood Intervention are boys, recording data in terms of gender could be relevant for statistical purposes.

Parental concerns: The general philosophy of using the ICF-CY is to create a common language also between parents and professionals. For this reason, within this project an easy reading version of the tool has been created for some languages. Furthermore, in terms of full participation of the parents and validity of intervention steps (e.g. by means of smart goals) it is important to connect parental concerns with intervention goals. It should also be noted that these free-text utterances of parents can serve as a search tool to which assign later on adequate ICF-codes.

It is not compulsory to insert this information (diagnosis, gender, age, concerns). All functions of the tool run regardless of the provision of any specific information about the child or parental concerns.



Free text within in following "observation/ICF-CY coding" as a key-word search base

You will be able to export and store this further information into your own documentation system as a PDF file. This feature is available for **registered users only.** Using the tool as an **anonymous user** will not allow the storage and export of the file to your system.

4.2. Observation / ICF-CY Coding

This following function assigns relevant observation/ diagnostic data/ anamnestic information on the child and the family to relevant ICF-CY codes by ADDING a relevant code to your narrative (see graph 11).

By associating the introduced relevant data with the coding system of the ICF, the selected codes represent a COMMON META-Language within teams of professionals and towards PARENTS.

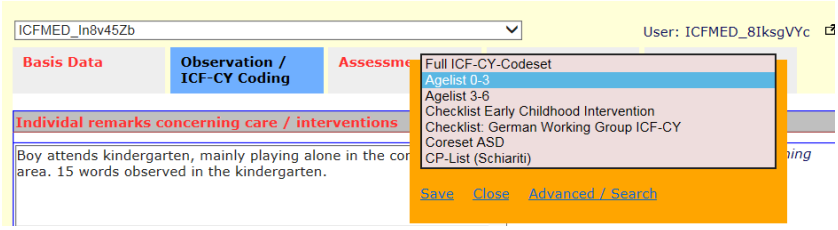
This meta-information does not replace your personal/clinical/institutional narrative or the personal description of the child as expressed by the parents. However, the generated ICF-CY codes enable a common understanding (i.e. do we talk about the same phenomenon/concern?) and foster further comparability: a) on an individual level, concerning pre/post-evaluation and b) on a socio-demographic level, e.g. concerning epidemiological data.

Assigning an ICF-CY code to a relevant observation or concern under no circumstance meansthat this observation is evaluated or assessed. This first step merely consists in associating observations, diagnostic findings, etc. with the meta-language of the ICF-CY.

Although parents and professionals might tend to refer to and describe those areas which might represent problems, it is within the ICF-CY framework to allow the description and coding of phenomena which function without problems, or those which represent facilitators (in the case of environmental factors).

4.2.1 The BEST case

The best case is that of you **knowing by heart** the most adequate ICF-CY code to link a piece of relevant information or an observation to the ICF-CY system. You may use the drop-down menus to choose among the whole ICF-CY system, checklists and code sets that will serve as starting points for your code selection.



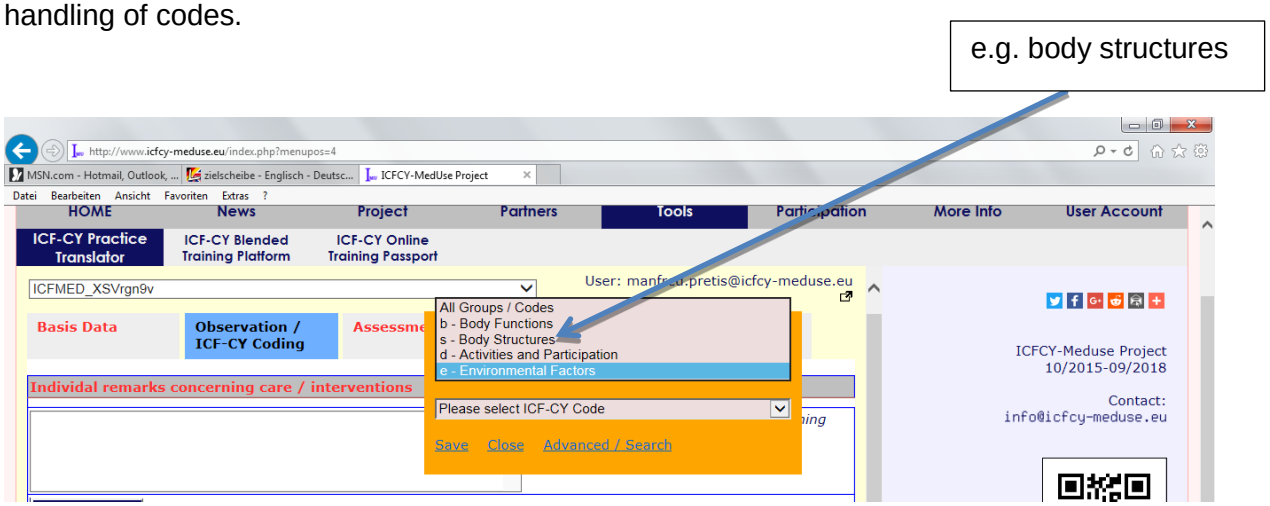
Graph 13: Choosing the relevant ICF-CY data base (full ICF-CY list, code-sets, core-sets, checklists, etc.)

The available pre-defined selections are as follows:

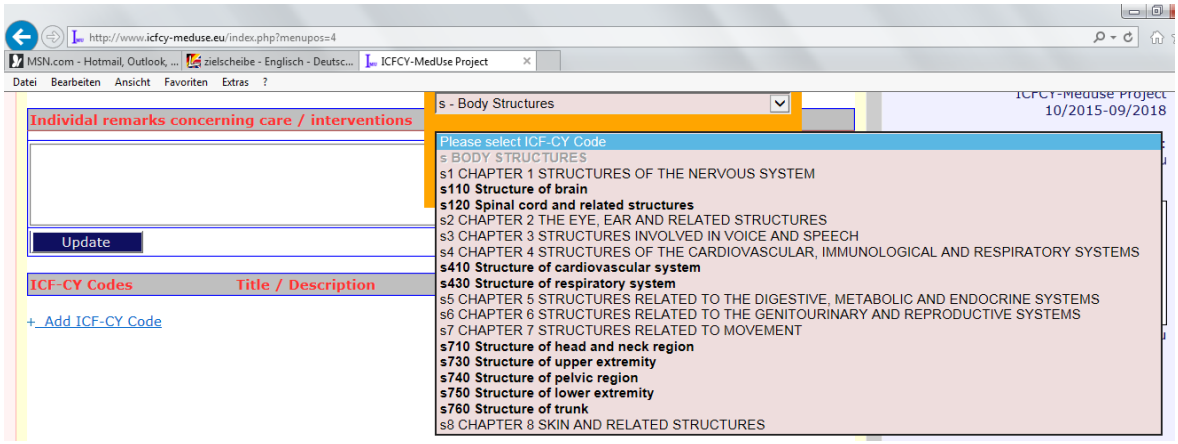
a) The **full ICF-CY** codes as a whole, classified into the WHO components: b (body functions), s (body structures), d (activities and participation) and e (environment), covering more than 1700 items.
b) Different **code sets**/core sets (e.g.)
   - Age lists from Amorosa & Keller, 2012 (e.g. age list for children 0-3 years)
   - The Early Intervention Checklist (comprising around 150 items), developed by Kraus de Camargo & Simon (year?),

- Core Sets, e.g. the ASD Core Set (Castro & Pinto, 2012) for children with autism spectrum disorder (62 items)
- Cerebral Palsy List, developed by Schiariti (year?) for children with Cerebral Palsy (35 items).

After choosing the relevant pre-defined selection of codes, you will be able to choose the component. All these steps aim at narrowing down your search and at simplifying the handling of codes.



Choosing the relevant component (b, s, d, or e, or all items). E.g. Body structures



Next step: defining the adequate code within the chosen relevant component.

By clicking on the code and **save,** your defined code will be selected and will appear on the left side of your window. If you only **CLOSE** the selection window, NO code will be assigned.

Why some codes appear in **bold** letters? The bold codes are the 3-digit codes (d330, s750…), that in many cases act as “headings”, under which more detailed 4-digit-codes (and in some cases, 5-digit-codes) are available. The bold writing of these 3-digit headers serves as an overview of more specific codes available.
These codes also indicate their availability in the ‘easy reading’ version of the ICF-CY Practice Translator tool, which translates the whole ICF-CY items into an easy and understandable ‘family’ language. Due to usage and good value reasons the ‘easy reading’ version does not contain 4-digit and 5-digit codes.

If you have chosen the 'easy reading' version for parents (Pretis, Philippi & Brandt, 2016), all items, code sets and core sets will appear in an easy-reading translation.

By clicking "Add ICF-CY code" a next relevant code could be selected and will be added to the list. Do not forget to **SAVE** your assignment; you also can delete single selection.

It should be noted that members of transdisciplinary teams may assign diverse codes to one (the same?) phenomenon.

4.3 Assessment of coded information against qualifier (WHO or Amorosa/Keller)

Once you have selected the ICF-CY code that matches your narrative description or keyword, the next step consists in EVALUATING the SEVERITY/QUALITY/QUANTITY of the assigned information, by using the qualifier system chosen when creating the new dataset. The two available qualifier systems within this tool are the WHO and the Amorosa/Keller System.

It should be noted that any assessment/evaluation of your ICF-CY-based observations in qualifier terms **should be age and culture related**.

Furthermore, as ICF-CY is not a diagnostic instrument, any assessment should be based on **indicators**.

Valid usage of the ICF-CY is guaranteed by the exact assignment of a qualifier to an indicator. Unfortunately this optimal association process between an indicator (test score etc.) and WHO-qualifier is still processed. Therefore the usage of WHO-qualifier system (and subsequently, of the Amorosa/Keller-version) to a high extent depends:

a) On interpretations, and/or
b) Communicative consent (who is assessing a phenomenon, and in which way).

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In an ideal scenario, this assessment process is performed within a team around the child, together with the child's parents, where observations and interpretations are discussed and consensual.

4.3.1 Assessment and indicators

Assessing assigned observations/data in terms of WHO-qualifier requires 2 steps:

a) Click on the relevant qualifier (and SAVE) related to AGE NORMS of typically developed children). It should be noted that using a qualifier **always** relates to **typically developing children**.
b) Add an observable indicator. This can be an observable behaviour (the boy uses 15 utterances, the behaviour (playing alone) occurs each day, fine motor restrictions often restrict activities of play, etc.). In this context, diverse strategies and ideas are observable (without discussing these strategies in this context)
    a) Some teams find consent about “magic keywords”: seldom = 1, sometimes = 2, often = 3, always = 4.
    b) Some authors combine qualifiers with frequency
    c) Some authors combine qualifiers with the need of assistance
    d) You might also try to associate test-results (e.g. T-values) with WHO-qualifier levels

It is important to take into account, especially with very young children, that not each observable behaviour can be measured, e.g. by means of scales. Indicators can be also seen as a result of a **communicative exchange and consent process** among parents and professionals: how the parents assess an observation, how the professionals assess it.

Those indicators for your evaluations should be recorded in the respective pop-up windows. Please bear in mind:

a) First define the qualifier (click)
b) Then Update/SAVE
c) Then the + will appear to add an indicator

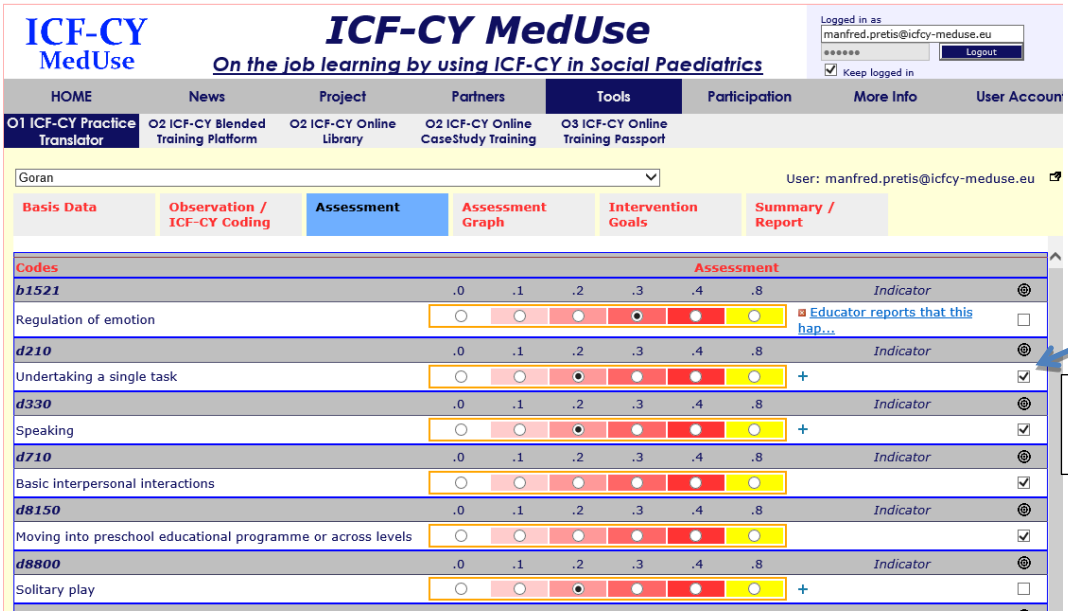
There are two possibilities to assess/evaluate your chosen ICF-CY codes, by means of

a) The WHO qualifier
b) The modified version of Amorosa & Keller (2012)

4.3.2 Using the WHO qualifer

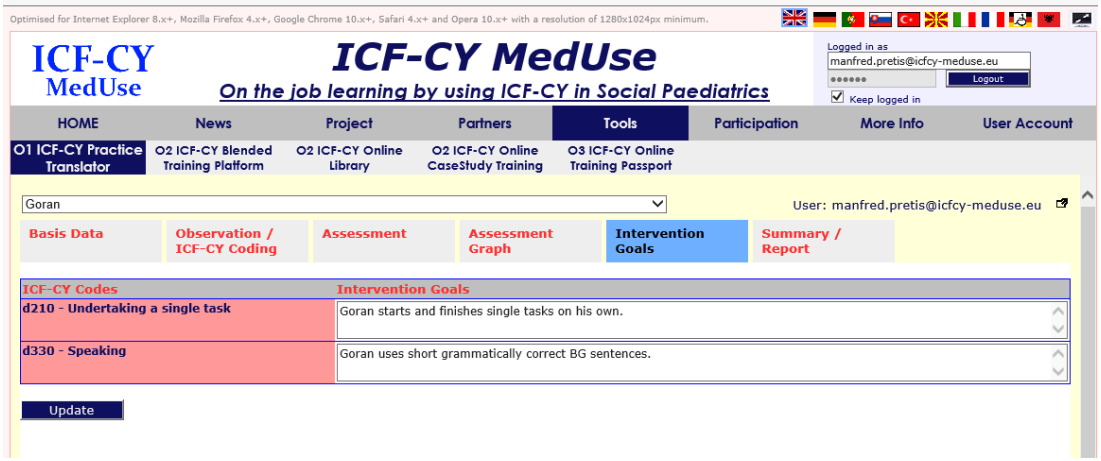
In the context of the WHO qualifier system, it is essential to differentiate between body function, body structure, and activity and participation on the one hand, and **environmental factors** on the other, as different assessment procedures and scales are used:

With regards to environmental factors, WHO qualifiers allow a differentiation between facilitators (expressed with a + followed by the numeric qualifier – where xxx.+4 means total facilitator and xxx.+1 mild facilitator), and barriers (expressed with the numeric qualifier, following the same logic as body functions, structures, and activities and participation; i.e. xxx.2 moderate barrier)



example of qualifiers concerning environmental factors

An additional functionality allows the user to define participation goals. To use this functionality the respective button (see arrow above) has to be clicked on, in this case a new window will pop-up and participation goal can be inserted. This functionality was added as practicioners asked themselves how gaols can be set by means of O1.



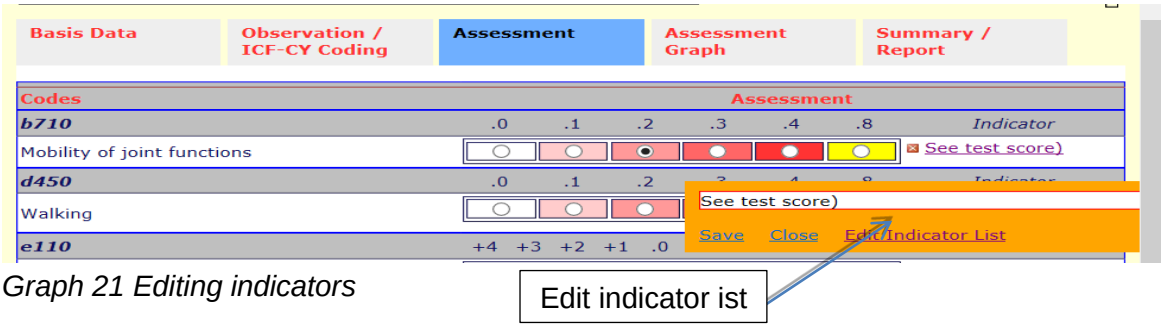
Graph 20: Participation goal setting.

4.3.3 Benefitting from other users

Finding and defining indicators turn out to be a challenging and time-consuming process for teams. Therefore the system provides another p2p-tool, to benefit from the used indicators of others.

Your used indicators are automatically saved into a list of indicators which are available as “pre-selection” for other users (this is done via the browser’s “memory list” of input terms). If you additionally want to add standard indicators to be used by you and others, you can use

the embedded function of "**edit indicator list**". By clicking here, you will be able to add predefined indicators and make them visible and usable for other users.



Graph 21 Editing indicators

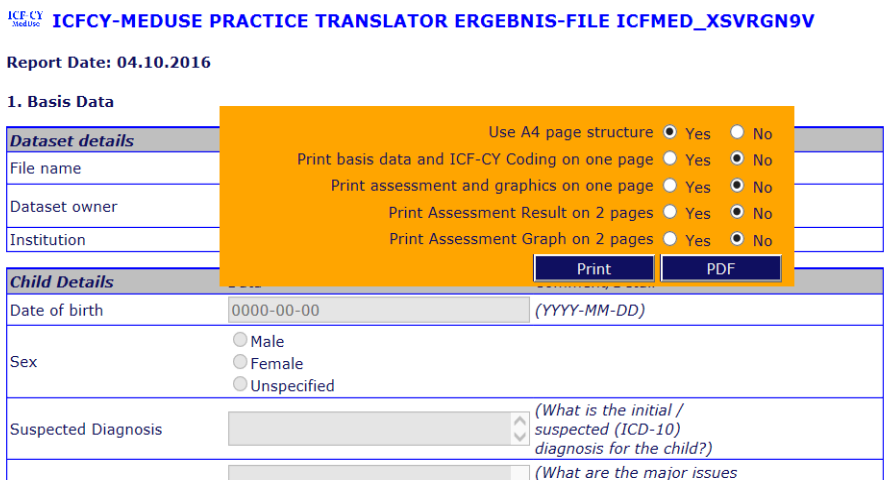
4.4 Exporting the ICF-CY based description to your own documentation system

As mentioned at the beginning of this guide, the ICF-CY Practice Translator is able to '**export**' the anonymous ICF-CY based representation of a child and family into your own documentation system.

A PDF file can be created, which can be sent/copy/pasted/saved towards your own documentation system. To do so, click "Summary/report". 2 options will appear:

a) Create a '**summary file'** (based on your assessment)
b) Actualise existing files (it means the new file will be added to your list)

If you create a **"summary file"**, the following window will pop up:



Creating a PDF file or printing

You will be given several choices concerning the layout of your pdf:

- use A4 structure
- print basic data and ICF-CY coding on 1 page
- print assessment and graphics on 1 page
- print assessment results on 2 pages
- print assessment graph on 2 pages

You also can choose to only print (or create a PDF) of single functionalities (e.g. print only the graphical representation, or the basis data, etc.)

The developers acknowledge that the transfer of dynamic web pages into static PDF files represents a challenge, and that sometimes the layout of the resulting PDF files might not be optimal.
In this case, please select the option to “print” (create pdfs) of single functions (pages). Your PDF files will then appear in your summary files, and can be saved on your computer.

If you close this PDF-browser window your data will be longer available for you as a PDF-file. Note: depending on the browser you are using and its settings, your browser might ask you to close a window during this process. If this occurs, please click ‘**Yes**’.

Available ICF-CY representation of your child

After closing this PDF-browser window, everything you have entered into the system will be deleted and will no longer be accessible (in the actual beta-version).

5. Further information

For further information concerning the content of this guide or the usage of this tool please contact Manfred Pretis at office@sinn-evaluation.at or visit our homepage: www.icfcy-MedUse.eu