What are person-centered functional goals?

• Goals identified by the child and/or family, in partnership with the clinician, that allow participation in meaningful activities and roles

Why target person-centered functional goals?

• To maximize outcomes that lead to functional improvements that are important to the child and/or family
• To optimize the child’s potential to participate in meaningful activities
• To facilitate a partnership that ensures the child and family have a voice in the care received and outcomes achieved
• To demonstrate to the payers the value of skilled services

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual’s activities and participation in everyday life.

ICF: International Classification of Functioning, Disability and Health

Health Condition
disorder or disease that informs predicted comorbidities and prognosis

Body Functions and Structures
anatomical parts and their physiological functions

Activities and Participation
execution of tasks or involvement in life situations

Environmental and Personal Factors
physical, social, attitudinal, and environmental factors and factors within the individual’s life

ADDITIONAL RESOURCES: asha.org/slp/icf/ • who.int/classifications/icf/en/
## Person-Centered Focus on Function: Permanent Childhood Hearing Loss

### Case study: Aaron

#### Health Condition: Permanent Childhood Hearing Loss

#### Assessment Data

**Body Functions and Structures**

* (Audiological evaluation, Wechsler Intelligence Scale for Children)*
  - Hearing loss present at birth

**Cognitive function**
  - Normal

**Language impairments**
  - Delayed vocabulary, syntax, comprehension of verbal messages, phonological processing

**Intelligibility**
  - Speech production errors

**Gross and fine motor skills**
  - Within functional limits

#### Activities and Participation

- Has difficulty understanding the teacher in small-group breakouts
- Has difficulty participating in peer interactions
- Has difficulty following directions in classroom
- Is understood when speaking with family members but not teachers and peers

#### Environmental and Personal Factors

- Is 5 years old
- Attends kindergarten
- Uses spoken language as the primary mode of communication
- Was identified, at birth, as having hearing loss
- Received appropriate amplification at 4 months
- Began receiving auditory-based intervention at 1½ yrs (EDHI standard: 6 mos)
- Is frustrated when not understood; acts out or withdraws

#### Clinical Reasoning

What impairments most affect function in the current setting or at discharge, based on clinician assessment and the individual’s self-report?

What activities are most important to the individual in the current or discharge setting?

What environmental/personal characteristics help or hinder participation in activities or situations in the current or discharge setting?

#### Goal Setting

**Aaron’s Functional Goals**

**Long-Term Goal:**
Aaron will use age-appropriate speech/language/auditory skills to communicate during activities in his academic and social environments by the end of the academic year.

**Short-Term Goals:**
- By the end of the academic year, Aaron will complete age-appropriate classroom tasks without the teacher’s having to repeat instructions.
- By the end of the semester, Aaron will use learned communication strategies 90% of the time when communication breakdowns occur during interactions with peers.
- By the end of the semester, Aaron will follow the teacher’s verbal instructions 90% of the time while using recommended hearing assistive technology (HAT) in the classroom.

For clinical and documentation questions, contact healthservices@asha.org.

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.