

Attachment A
TARRANT COUNTY JUVENILE SERVICES
JUVENILE FORENSIC ASSESSMENT
PROPOSAL RESPONSE FORM

| | |
|----------|-------|
| NAME: | _____ |
| BUSINESS | _____ |
| ADDRESS: | _____ |
| PHONE: | _____ |
| EMAIL: | _____ |

STATEMENT OF INTEREST

Which type of evaluations would you like to be considered for?

- ☐ STANDARD EVALUATIONS
- ☐ SPECIALIZED EVALUATIONS (specify which types below)
- ☐ Fitness to Proceed ☐ Responsibility for Conduct ☐ Psychosexual
- ☐ DISCRETIONARY TRANSFER
- ☐ BILINGUAL (be sure to also check specific types of bilingual evaluations above)

Indicate your dates/times of availability to conduct evaluations: _____

Indicate your ability to meet the requirement to submit reports within 5 business days of conducting the evaluation, as well as your ability to modify this timeframe in case of emergencies: _____

Describe any known scheduling conflicts which might restrict your availability to perform evaluations:

Would you be available to conduct evaluations at the juvenile detention center located at 2701 Kimbo Rd in Fort Worth? ☐ Yes ☐ No

Would you be able to conduct evaluations in your office? ☐ Yes ☐ No
If yes, where is your office located: _____

Do you agree to contract to provide assessment services at the rates listed in the RFQ? _____

If you are interested in conducting psychosexual evaluations, please describe your experience with this population and attach documentation of any relevant continuing education.

CLINICAL EXPERIENCE

What populations/settings do you have prior work experience with? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> child/adolescent | <input type="checkbox"/> juvenile delinquency | <input type="checkbox"/> dual diagnosis |
| <input type="checkbox"/> substance abuse | <input type="checkbox"/> trauma | <input type="checkbox"/> developmental disabilities |
| <input type="checkbox"/> learning disabilities | <input type="checkbox"/> inpatient settings | <input type="checkbox"/> outpatient settings |
| <input type="checkbox"/> residential treatment centers | <input type="checkbox"/> forensic settings | <input type="checkbox"/> courtroom testimony |
| <input type="checkbox"/> sex offending – treatment If yes, please specify whether adult or juvenile: _____ | | |
| <input type="checkbox"/> sex offending – assessment If yes, please specify whether adult or juvenile: _____ | | |
| <input type="checkbox"/> underserved populations If yes, please specify: _____ | | |

Please describe your familiarity with the Texas Family Code and procedures pertaining to juvenile probation:

- ☐ Not at all ☐ Somewhat ☐ Very familiar

Comment/explanation: _____

List any other languages spoken and identify your level of proficiency with each.

| LANGUAGE | LEVEL OF PROFICIENCY | | |
|----------|--------------------------|--------------------------|----------------------------------|
| | Conversational | Fluent | Competent to conduct assessments |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe your ability to meet the assessment needs of non-English-speaking youth and families.

LICENSURE

Please list all licenses or special certifications relevant to this proposal:

| LICENSE/CERTIFICATION | STATE | DATES | COMPLAINTS/ DISCIPLINARY ACTION? |
|-----------------------|-------|-------|-------------------------------------|
| | | - | |
| | | - | |
| | | - | |
| | | - | |

If you said yes to complaints or disciplinary actions, please attach additional information/explanation.

TEST MATERIALS

Please check all tests that you routinely administer and that you have available to you to be used as part of a psychological evaluation battery.

| | | |
|---|---|--|
| Comprehensive measures of intellectual functioning: | | |
| <input type="checkbox"/> WISC-V | <input type="checkbox"/> WAIS-5 | <input type="checkbox"/> RIAS-2 |
| <input type="checkbox"/> Others (please specify): _____ | | |
| Measures of academic achievement: | | |
| <input type="checkbox"/> WRAT-5 | <input type="checkbox"/> WIAT-4 | <input type="checkbox"/> Woodcock-Johnson-IV |
| <input type="checkbox"/> Others (please specify): _____ | | |
| Measures of adaptive functioning: | | |
| <input type="checkbox"/> Vineland 3 | <input type="checkbox"/> ABAS-3 | |
| <input type="checkbox"/> Others (please specify): _____ | | |
| Measures of personality functioning: | | |
| <input type="checkbox"/> MMPI-A | <input type="checkbox"/> PAI-A | <input type="checkbox"/> Jessness Inventory, Revised |
| | <input type="checkbox"/> Others (please specify): _____ | |
| Problem-specific measures: | | |
| <input type="checkbox"/> parent report forms (please specify): _____ | | |
| <input type="checkbox"/> ADHD scales (please specify): _____ | | |
| <input type="checkbox"/> depression inventories (please specify): _____ | | |
| <input type="checkbox"/> trauma inventories (please specify): _____ | | |
| <input type="checkbox"/> anxiety scales (please specify): _____ | | |
| <input type="checkbox"/> sexual behavior scales (please specify): _____ | | |
| <input type="checkbox"/> Autism (please specify): _____ | | |
| Forensic measures: | | |
| <input type="checkbox"/> Risk-Sophistication-Treatment Inventory | <input type="checkbox"/> JSOAP-II | <input type="checkbox"/> ERASOR |
| <input type="checkbox"/> SAVRY | <input type="checkbox"/> JACI | |
| <input type="checkbox"/> Others (please specify): _____ | | |
| Assessment measures written in another language | | |
| <input type="checkbox"/> Please specify: _____ | | |

If applicable, identify any other professional staff who would be involved in performing duties related to this RFQ, including their anticipated role, their qualifications and experience:

| NAME | ROLE | CREDENTIALS/EXPERIENCE |
|-------|-------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ACKNOWLEDGEMENTS

By checking the box by each paragraph you acknowledge your willingness and ability to abide by each statement.

☐ I agree to allow TCJS to conduct a criminal background check on myself and any clinicians, staff or interns prior to providing any service under this RFQ.

☐ I agree to allow TCJS to conduct a Child Abuse Registry check on myself and any clinicians, staff or interns prior to providing any service under this RFQ.

☐ I agree that prior to providing any service under this RFQ, I, any clinicians, or staff or interns will participate in any training required by TCJS in order for the department to comply with any federal or state laws or standards.