

ATTACHMENT A
TARRANT COUNTY JUVENILE SERVICES
JUVENILE FORENSIC ASSESSMENT
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, 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? (check all that apply)

☐ child/adolescent

☐ juvenile delinquency

☐ dual diagnosis

☐ substance abuse

☐ trauma

☐ developmental disabilities

☐ learning disabilities

☐ inpatient settings

☐ outpatient settings

☐ residential treatment centers

☐ forensic settings

☐ courtroom testimony

☐ sex offending – treatment

If yes, please specify whether adult or juvenile:

☐ sex offending – assessment

If yes, please specify whether adult or juvenile:

☐ minority populations

If yes, please specify:

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"/>

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, 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-IV	<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): _____		
Forensic measures:		
<input type="checkbox"/> Risk-Sophistication-Treatment Inventory	<input type="checkbox"/> JSOAP-II	<input type="checkbox"/> ERASOR
<input type="checkbox"/> JACI (Juvenile Adjudicative Competence Interview)		<input type="checkbox"/> SAVRY
<input type="checkbox"/> Others (please specify): _____		
Assessment measures written in another language		
Please specify: _____		

If applicable, identify any other professional clinicians or 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 TCJC 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.