

**“Psychological Evaluation Services for Defendants (Competency to Stand Trial)”**  
**Hidalgo County District Attorney’s Office**  
**RFP NO: 2020-553-02-24-ABV**  
**RFP EVALUATION FORM**

**Exhibit “B”**

**Selection Criteria**

**Points**

**Score**

**1. *LICENSED PSYCHOLOGIST(S):***

The “Licensed Psychologist or Licensed Psychiatrist” should provide information related to qualifications and experience. The “Licensed Psychologist or Licensed Psychiatrist” must be registered and licensed to practice in the State Of Texas. Must provide a copy of certificates, licenses, permits, etc., required by State of Texas and any other credentials/registrations or other pertinent information that demonstrates qualifications to perform the services as required. A list of, and scope of, similar projects for comparative purposes shall be included in response

30 Points

\_\_\_\_\_

Comments/Rationale For Points: \_\_\_\_\_

**2. *UNDERSTANDING THE SERVICES/METHODOLOGY:***

The “Licensed Psychologist or Licensed Psychiatrist” must state, the approach and /or methodology, in achieving and rendering all services detailed and required as the “Licensed Psychologist or Licensed Psychiatrist” by the “Hidalgo County District Attorney’s Office. If the “Psychologist or Psychiatrist” currently has an active practice, the “Psychologist or Psychiatrist” must state in detail how services and requirements will be rendered as detailed for the “Request For Proposal”. Psychologist/Psychiatrist should include any local issues or concerns that directly affect the “Psychologists/Psychiatrists understanding of the project.

20 Points

\_\_\_\_\_

Comments/Rationale For Points: \_\_\_\_\_

**3. *COST:***

Provide fee cost based per psychological evaluation, psychological evaluation update/addendum, individual and/or family counseling, and group counseling as requested in scope of services and requirements

20 Points

\_\_\_\_\_

Comments/Rationale For Points: \_\_\_\_\_

**4. *ABILITY TO COMMIT TO ALL REQUIRED “SERVICES”***

The “Licensed Psychologist or Licensed Psychiatrist” should provide as much background information as to experience in providing similar Psychological Evaluation Services.

30 Points

\_\_\_\_\_

Comments/Rationale For Points: \_\_\_\_\_

**Total Score**

\_\_\_\_\_

Provider: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_