



3629 Church Street  
Covington, KY 41015

Dear Parent or Guardian,

The counseling program at Bishop Brossart offers services to children individually and in group settings. Students may be referred by the principal, by a teacher or by a parent. Students may also refer themselves. Typical reasons for a referral include concerns about a child’s social skills, mood (for instance, unhappy or apathetic), maturity level, or difficulties at home, (for instance constant uncooperative or negative behavior.) or a substance abuse issue.

My name is Brian Kinne, and I am an employee of Catholic Charities, which contracts with Bishop Brossart to provide counseling services.

If you wish to refer your child to the program, please return the permission slip at the bottom of the page. I will try to see your child as soon as possible. If your child needs help urgently, please call and let me know so that I can make him or her priority (859-581-8974, ext.126.). My email address at Catholic Charities is [bkinne@covingtoncharities.org](mailto:bkinne@covingtoncharities.org).

**When I receive the permission slip and the General Consent form (see attached), I will call you so that we can discuss your concerns about your child. Services cannot be provided without the completed permission slip and General Consent form.** My visits with your child will be 30-45 minutes in length, at a time that the teacher feels will be least disruptive to his or her progress in school. It may take up to four visits for me to get to know your child well enough to make a recommendation. After the assessment I will call you to share my insights and recommendations and to discuss any further concerns.

I may need to communicate with the principal, or with a relevant teacher, if your child gives me information about circumstances that could affect his or her school performance and behavior. This information will be kept in strict confidence.

**Please sign the attached permission slip and general consent form and mail them in the enclosed envelope to me at Catholic Charities, 3629 Church Street, Covington, KY 41015 or return them to the school office as soon as possible.**

Sincerely,  
Brian Kinne, B.S., CADC

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I grant permission to our school’s counselor from Catholic Charities to meet with and assess my child on school premises. I also grant permission to the counselor to review school records and to obtain any information relating to my child. I have read, and understand, the Client Rights and Responsibilities (**see reverse**), regarding this service.

\_\_\_\_\_  
Child’s Name  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Case #

\_\_\_\_\_  
Parent’s Name (Printed)  
  
\_\_\_\_\_  
Parent’s Signature