



REST Program

Student Consult Tracking Form

School	
Student ID	
Consult Lead Name	
Date	

Primary Concern: *(Use this space to document the student's primary stressor or traumatic experience)*

Notes: *(Use this space to write down symptoms and experiences discussed in the Student Consult conversation. The more you can include the better!)*

Recommendation

- CBITS
- FACE

- Other School-Based Intervention

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- Outside Referral
- None