
Blind Test—to be completed by the Researcher / tester

Date of form completion

DD		MM		YYYY			

Do you believe that you know which group the young person has been allocated to?

₀₀ No ₀₁ Yes

If yes, briefly describe how and when you believe this became apparent to you.

Which group do you believe the young person has been allocated to?

₀₁ Pastoral care as usual

₀₂ Counselling