

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex.

HGC Admin. HCO BULLETIN OF NOVEMBER 18, 1960.
All Staff Auditors.
D of P.

PRECLEAR ASSESSMENT SHEET

Who Does Assessment

The auditor assigned to audit the preclear does the assessment.

When is Assessment Done

This Assessment is done at the beginning of each intensive the preclear has. If he is having 75 hours now, this Assessment Sheet is done at the beginning of the 75 hours. If the preclear comes back for a further 25 hours one week later, another Assessment Sheet is completed by the Auditor processing him whether it is the same auditor or not. The reason for this is the preclear changes, his memory improves, and things can have happened in that one week he was not processed.

Is this part of the Preclear's auditing time

Yes, it is. The questions asked are to a degree auditing because the Auditor is asking the preclear to look and to recall.

Purpose of Preclear Assessment Sheet

The purpose of this form is to establish auditor control over the preclear, to better acquaint the auditor with his preclear, and to provide essential information required.

To Whom is the Preclear Assessment Sheet Routed.

This Sheet is routed to the Director of Processing as soon as possible, at the first session break if the auditor can do so. It must be routed at least by the end of the auditing day. After the Director of Processing reviews the Sheet, it is returned to the auditor for keeping in his folder on the preclear.

Neatness of Preclear Assessment Sheet

If you cannot write plainly and neatly, print all the data required. Information is wanted, not mysterious cryptographics.

PRECLEAR ASSESSMENT SHEET

Name of PC _____ Age of PC _____ T.A. Position at Start of Assessment _____

Auditor _____ D. of P's Initials _____

Family

1. Is Mother living? _____ E-Meter reaction _____

2. Date of Death _____ E-Meter reaction _____

3. PC's statement of relationship with Mother _____

_____ E-Meter reaction _____

4. Is father living? _____ E-Meter reaction _____

5. Date of death _____ E-Meter reaction _____

6. PC's statement of relationship with father _____

_____ E-Meter reaction _____

7. List brothers, sisters, and other relatives of the PC, date of death of any and E-Meter reaction:

<u>Relation</u>	<u>Date of Death</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Marital Status:

1. Married _____ Single _____ No. of times divorced _____

2. PC's statement of relationship with spouse _____

_____ E-Meter reaction _____

3. List any marital difficulties PC presently has _____

_____ E-Meter reaction _____

4. If divorced, list reasons for divorce and PC's emotional feeling about divorce _____

_____ E-Meter reaction _____

5. List children, date of death of any child and E-Meter reaction.

Children	Date of Death	E-Meter reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Educational Level:

State the level of schooling Pc has had, University education, or professional training _____

_____ E-Meter reaction _____

D. Professional Life:

State main jobs Pc has held.

<u>Job</u>	<u>E-Meter reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Accidents:

List any serious accidents Pc has had, the date of such, any permanent physical damage, and E-Meter reaction.

<u>Accident</u>	<u>Date</u>	<u>Physical Damage</u>	<u>E-Meter Reaction</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Illnesses

List any serious illness (excepting usual childhood diseases, colds etc.) giving date of such, any permanent physical damage, and E-Meter reaction.

<u>Illness</u>	<u>Date</u>	<u>Physical Damage.</u>	<u>E-Meter reaction</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Operations:

List any operation, the date of each, and E-Meter reaction.

<u>Operation</u>	<u>Date</u>	<u>E-Meter reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Present Physical Condition:

List any bad physical condition Pc presently has and E-Meter reaction to such.

<u>Physical Condition</u>	<u>E-Meter reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____

I. Mental Treatment

List any psychiatric, psycho-analytic, hypnotic, mystical or occult exercises, or other mental treatment which Pc has had, the date of the treatment and E-Meter reaction.

<u>Treatment</u>	<u>Date</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Compulsions, Repressions and Fears

List any compulsions (things pc feels compelled to do), repressions (things pc must prevent himself from doing) and any fears of pc.

<u>Compulsions etc.</u>	<u>E-Meter reaction</u>
_____	_____
_____	_____
_____	_____

K. Criminal Record:

List any crime committed by pc, prison sentence, if any, and E-Meter reaction.

<u>Crime</u>	<u>Sentence</u>	<u>E-Meter reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. Interests and Hobbies:

List any Interests and Hobbies of Pc.

Interests and Hobbies:

E-Meter reaction:

M. Previous Scientology Processing:

1. List auditors, hours, and E-Meter reaction to any processing done other than in the HGC or Academy.

<u>Auditor</u>	<u>Hours</u>	<u>E-Meter reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List briefly processes run _____

3. List goals attained from such processing _____

4. List goals not attained from such processing _____

N. Present Processing Goals:

List all present goals of Pc and E-Meter reaction to each.

<u>Goal</u>	<u>E-Meter reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____

Tone Arm Position at end of Assessment _____

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MARY SUE HUBBARD D. of P.
for
L. RON HUBBARD.