

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

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All Staff ISSUE III
Auditors
D of P
HGC Admin

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.

<u>Children</u>	<u>Death of Death</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Education 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 operations, 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. Drugs:

Are you taking any drugs currently?

<u>What Drug</u>	<u>Date (How Long)</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____

Have you ever taken drugs?

<u>What Drug</u>	<u>Dates</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Disability Payment or Pension:

List any disability payment or pension received by the Pc, what it is for, how much and for how long it has been received.

<u>What For</u>	<u>How Much</u>	<u>Duration</u>	<u>E-Meter Reaction</u>
_____	_____	_____	_____
_____	_____	_____	_____

L. Any Familial History of Insanity:

<u>Who</u>	<u>What</u>	<u>When</u>	<u>E-Meter Reaction</u>
_____	_____	_____	_____
_____	_____	_____	_____

M. Medicines:

List any medicine currently or previously taken.

<u>What</u>	<u>When</u>	<u>E-Meter Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

N. EYES

	<u>E-Meter Reaction</u>
Any Tint in Eye White	_____
Eye Colour	_____
Colour Blindness	_____
Glasses	_____

O. BODY WEIGHT

	<u>E-Meter Reaction</u>
Overweight?	_____
Underweight?	_____

P. ANY PERCEPTION DIFFICULTIES

<u>What</u>	<u>E-Meter Reaction</u>
_____	_____
_____	_____

Q. Any Perception Trouble in Family

E-Meter Reaction

R. Sick or Disabled Family

E-Meter Reaction

S. Earlier Allies or Close Friends

E-Meter Reaction

T. Husband or Wife Physical Troubles
What

E-Meter Reaction

U. Attitude Towards Illness

E-Meter Reaction

V. Attitude Towards Treatment

E-Meter Reaction

W. Any Current Treatment in Progress

E-Meter Reaction

X. 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.

Compulsions, Etc.

E-Meter Reaction

Are you trying to change something someone else doesn't like?

Y. Criminal Record:

List any crime committed by pc, prison sentence, if any, and E-Meter Reactions:

Crime

Sentence

E-Meter Reaction

Z. Interests and Hobbies:

List any interest and Hobbies of pc.

<u>Interest and Hobbies</u>	<u>E-Meter Reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____

ARE YOU HERE ON YOUR OWN SELF DETERMINISM?

AA. 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 _____

BB. 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 _____