

HUBBARD COMMUNICATIONS OFFICE
 Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 24 NOVEMBER 1973RC
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 (Revisions in Script)

Remimeo

C/S Series 53RK SF
 (Short Form)
SHORT HI-LO TA ASSESSMENT C/S

This is the basic prepared list used by Auditors to get a TA up or down into normal range. A GF Method 5 may also be used after TA is in normal range to get pc's case handled better. This is the short Hi-Lo TA assessment list. If the pc doesn't understand what is being asked then you would switch to the long form (HCOB 24 Nov 73RD, C/S Series 53RK Long Form).

	PC NAME	DATE
<p>T. Assess pc Method 5 on this sheet. (Go down the list calling off the items to the pc, watching the meter. Mark any Tick, SF, F, LF, LFD (to what TA), speeded rise or Blow Up.) NOTE: A C/S 53RK should be reassessed and all reads handled until it F/Ns on assessment.</p>		
A. Interiorization	_____	_____
Went in	_____	_____
Go in	_____	_____
Can't get in	_____	_____
Want to get out	_____	_____
Kicked out of spaces	_____	_____
Can't go	_____	_____
B. List errors	_____	_____
Overlisting	_____	_____
Wrong items	_____	_____
Upset with giving items to auditor	_____	_____
Wrong date	_____	_____
Wrong location	_____	_____
Wrong Why	_____	_____
Wrong indication	_____	_____
Wrong PTS item	_____	_____
C. Some sort of W/H	_____	_____
Are you withholding something	_____	_____
Is another withholding something from you	_____	_____
Are others withholding something from others	_____	_____
False withhold	_____	_____
Withholds gotten off more than once	_____	_____
Has another committed overts on you	_____	_____
Have you committed any overts	_____	_____
Have others committed overts on others	_____	_____
Not saying	_____	_____
Problems	_____	_____
Protest	_____	_____
Don't like it	_____	_____
Audited over out ruds	_____	_____
Feel sad	_____	_____
Rushed	_____	_____
Tired	_____	_____
ARC Brk	_____	_____
Upset	_____	_____
Can't get it	_____	_____
D. Drugs	_____	_____
LSD	_____	_____
Alcohol	_____	_____
Pot	_____	_____
Medicine	_____	_____
E. Engram in restimulation	_____	_____
Same engram run twice	_____	_____
Can't see engrams too well	_____	_____
Invisible	_____	_____
Black	_____	_____
Loss	_____	_____
Lost	_____	_____
F. Same thing run twice	_____	_____
Same action done by another auditor	_____	_____
G. Doing something with mind between sessions	_____	_____
Some other practice	_____	_____
H. Word Clearing errors	_____	_____
Misunderstood words	_____	_____
Misunderstoods in session	_____	_____
Study errors	_____	_____
I. False TA	_____	_____
Wrong sized cans	_____	_____
Tired hands	_____	_____
Dry hands	_____	_____
Wet hands	_____	_____
Loosens can grip	_____	_____
Wrong hand cream	_____	_____
J. Auditor overwhelming	_____	_____
Couldn't hear auditor	_____	_____
Couldn't understand what was being said	_____	_____
Couldn't understand what was being done	_____	_____
Feel attacked	_____	_____
Something wrong with F/Ns	_____	_____
Overrun F/Ns	_____	_____
Missed F/N	_____	_____
Items really didn't read	_____	_____
False reads	_____	_____
Bad auditing	_____	_____
Incomplete actions	_____	_____
Invalidation	_____	_____
Evaluation	_____	_____
Couldn't get auditing	_____	_____
Interruptions	_____	_____
K. Can't have	_____	_____
Low havingness	_____	_____
L. PTS	_____	_____
Suppressed	_____	_____

- | | |
|-------------------------------------|---|
| M. Something went on too long _____ | O. Repairing a TA that isn't high _____ |
| Went on by a release point _____ | Repairing a TA that isn't low _____ |
| Overrun _____ | Faulty Meter _____ |
| Auditor kept on going _____ | Nothing wrong _____ |
| Over-repair _____ | P. False Exam Report _____ |
| Puzzled why auditor keeps on _____ | WAITED at Exam _____ |
| Stops _____ | Upset by Examiner _____ |
| N. Something else _____ | |
| Physically ill _____ | |

2. Use only the small falls or falls or BDs. The rises will however show where mass lies.

A. If A or any of the A Group, and the pc has had an Int RD, do an Int RD Correction List, and handle the reads. (HCOB 29 Oct 71 Amended 31 Dec 71.)

If the pc has never had an Int RD, then give him a standard Int RD providing you have checked out on the Int-Ext pack and are good at R3R.

B. If any of these read, do an L4BR on the earliest lists you can find that have not been corrected. Lacking these do an L4BR in general. You can go over an L4BR several times handling each read to F/N until the whole L4BR gives nothing but F/Ns. Handle a Wrong Why or Wrong Indication or Wrong PTS Item per C/S Series 78.

C. If any of these, handle with 2wc and earlier similar to F/N. If more than one reads do biggest read first and then clean up each of the others E/S to F/N. If all read on assessment you have to get an F/N for each or 17 F/Ns. On overts and withholds, get what, and E/S to F/N. On out ruds, find which rud and handle. (See ExGF 40RB HCOB 30 June 71 Revised 1 Dec 74.) Feel sad, handle the ARC Break. (Feel sad = ARC Brk of long duration.)

D. Rehab releases on each "drug" taken to F/N. Complete the Drug RD per C/S Series 48R after handling all reads on this assessment. If pc has had a Drug RD, do L3RD on it, and handle.

E. If any of these, do L3RD and handle according to what is stated to do on L3RD.

F. Clean up any protest and inval and rehab to F/N.

G. Find out what it is. If Yogi or Mystic exercises or some such 2wc E/S it to first time done, find out what upset had occurred before that and if TA now down do LIC on that period of pc's life.

H. If Word Clearing, do a Word Clearing Correction List, handle all reads. If Study errors, 2wc E/S to F/N, and add a Study Correction List to the pc's program.

I. False TA is wrong cans or other error. Use HCOBs 24 Oct 71R, 12 Nov 71RA, 15 Feb 72, 18 Feb 72R, 21 Jan 77, HCOB 23 Nov 73RB, all on False TA. Then clean up the bypassed charge with (1) Assess for best read (a) TA worries (b) F/N worries. (2) Then 2wc times he was worried about (item) E/S to F/N. (3) Rehab any overruns due to False TA obscuring F/Ns.

J. These are auditor errors. Low TA is generally caused by overwhelming TRs and incomplete actions. A high TA can be caused by an auditor overrunning F/Ns or failing to call them. Or trying to assess through an F/N and mistaking an F/N right swing for a read. An F/N can be obscured and mistaken for a read if Sensitivity too high. These items are all 2wc E/S to F/N. Auditors who made them need Cramming badly or retread. Rehab F/Ns that have been missed.

K. Can't have or Hav. Find correct Havingness process and remedy.

L. PTS or Suppressed. Check for SP or get a full PTS RD.

M. Find out what. Clean up any protest. Rehab to F/N on each (or date to blow, locate to blow if qualified).

N. 2wc to find what. Note BD item. If BD item covered by one of these categories handle per instructions. If not just 2wc to F/N and get further C/S instructions for handling if necessary.

O. Get pc to tell you about it briefly. If correct then indicate to F/N. Go E/S and indicate it if no F/N on first. If false TA handle per 1 above.

P. INDICATE and 2wc to F/N.

General. Handle Int RD (A) if it reads at all before handling rest as nothing will go right if Int is still out. For the remainder prefer to handle any BD group if you get a BD. If in doubt about what to do, return to the C/S.

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