

**GREAT NECK PUBLIC SCHOOLS**  
**Health Services**  
*Color Perception Referral*

Date \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parent:

Your child has been given a test for color perception. The findings indicate a deficiency in the ability to distinguish colors.

If you have any further questions about this condition, it is recommended that you contact your family physician.

Sincerely,

\_\_\_\_\_  
School Nurse