

**SYRACUSE CITY SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES**

Date: \_\_\_\_\_

To the Parent of: \_\_\_\_\_

**Your child did not pass a color perception test given recently at school. This would indicate that your child may not be aware of differences in color. The condition requires no medical treatment, but this information is valuable for vocational guidance.**

\_\_\_\_\_  
(school)

\_\_\_\_\_  
(school nurse)

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