

Family Device Agreement

Your family is unique. Use these guidelines to frame a conversation. Use the check boxes and open fields to create specific guidelines that work for your family!



Responsibility

- I will respect and follow the rules set by my school for device and internet use, including my school's online code of conduct.
- I agree that my parents can review my devices, accounts, and online presence at their discretion to ensure my health and safety.

Online Actions & Behaviors (aka Safety & Kindness)

- I will be kind online.
- I will not like, comment on, or share anything that could hurt or embarrass someone.
- I will not request or share anything I wouldn't want my grandmother to see.
- I will report unethical or inappropriate online content or conduct.
- I will use AI responsibly.
- I will verify sources.
- I will not share my full name, address, or personal financial information online.
- I will not share my account passwords with others.
- Other _____

NAME: _____

DEVICES AND SERVICES (INCLUDING SOCIAL MEDIA APPS) I USE:

GOALS: What is a reasonable daily time limit? _____

Communication

- I will respond in a timely manner when my parents contact me.
- I will talk with my parents if I have a problem online.
- I will block anyone online who makes me feel uncomfortable. (This can include a known contact or a stranger. This can be because of the content of their messages or how often they contact me.)
- Other _____

Health & Wellbeing

- I will pay attention to how my tech use makes me feel:
 - Mentally
 - Physically
 - Emotionally
- I will take steps to balance my tech use, including:
 - Setting time limits and taking breaks
 - Deleting apps
 - Curating my feeds
 - Exercising/spending time outdoors
 - Getting enough sleep
 - Eating healthily
 - Spending time with friends in person
 - Other _____

NO SCREEN ZONES

I will respect my family's no screen zones which include:

<input type="checkbox"/> Mealtimes	<input type="checkbox"/> During homework
<input type="checkbox"/> Bathroom	<input type="checkbox"/> During sports/extracurricular activities
<input type="checkbox"/> Bedroom	<input type="checkbox"/> In the car
<input type="checkbox"/> During family time	<input type="checkbox"/> Other _____