

# 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 \_\_\_\_\_

## 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 \_\_\_\_\_

NAME: \_\_\_\_\_

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

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GOALS: What is a reasonable daily time limit? \_\_\_\_\_

## 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 _____                              |