

# 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 to ensure my health and safety.
- ☐ I understand that my parents may use tools to help manage and monitor my technology use.

## Online Actions & Behaviors (aka Safety & Kindness)

- ☐ I will not lie about my age online.
- ☐ I will only use apps and games that my parents approve of. I will get permission before downloading new apps or games or creating new online accounts.
- ☐ My parents will create and/or have access to any of my online accounts and passwords.
- ☐ 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 talk with my parents if something online makes me uncomfortable in any way.
- ☐ I will not share my full name or address online.
- ☐ I will not share my account passwords with others.
- ☐ Other \_\_\_\_\_

## Communication

- ☐ I will talk with my parents if anything in a text or chat makes me uncomfortable.
- ☐ I will only call, text, or chat with contacts approved by my parents. I will get permission before adding anyone new.
- ☐ Other \_\_\_\_\_

## Health & Wellbeing

- ☐ I understand that using technology can have negative effects on my physical health, my mental health, and my cognitive development.
- ☐ I know that my parents are paying attention to how my tech use makes me act:
  - ☐ Mentally
  - ☐ Physically
  - ☐ Emotionally
- ☐ My parents may require me to do some things without my devices to help me balance my tech use.
  - ☐ Spending time outdoors
  - ☐ Exercising
  - ☐ Getting enough sleep
  - ☐ Eating healthily
  - ☐ Spending time with friends in person
  - ☐ Developing hobbies
  - ☐ Other \_\_\_\_\_

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

DEVICES AND SERVICES I USE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIMITS Weekdays \_\_\_\_\_ Weekends/Holidays \_\_\_\_\_ Exceptions \_\_\_\_\_

## 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 _____                              |