

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 _____

NAME: _____

DEVICES AND SERVICES I USE:

LIMITS Weekdays _____

Weekends/Holidays _____

Exceptions _____

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 _____

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 _____