

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!



Elementary School

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
 - 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
- 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 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: _____

Device and services I use:

Limits: Weekdays _____ Weekends _____ Exceptions _____

No screen zones

I will respect my family's no screen zones including:

- | | |
|---|---|
| <input type="checkbox"/> Meal times | <input type="checkbox"/> During homework |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> During sports/activities |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> In the car |
| <input type="checkbox"/> During family time | <input type="checkbox"/> Other _____ |