

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 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: _____

Device and services (including social media apps) I use:

Goals: What is a reasonable daily time limit? _____

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 _____ |