Institute of
**Child Psychology**

TEMPLATE FOR FAMILIES TO HELP NAVIGATE THE HEALTHY USE OF TECHNOLOGY IN THE HOME

# OUR FAMILY MEDIA PLAN

**This Family Media Plan is designed to meet the unique needs of your family. Under each heading, you will see a space to write in your plan. You may have a limit that applies for the whole family or you may have different limits depending on each person's developmental level.**

## Values to Guide Your Media Plan:

Families are more likely to create long-lasting balance when meaning is anchored to how we prioritize time in a day. Our priorities may be guided by identifying values, activities, goals, or experiences.

***This is what's important to our family :***

## Priorities

Balancing academics, sport, passionate pursuits, connection, quiet time,"fill the bucket activities" and media usage is important to wellbeing. On some days, there may be more physical activity - on other days more screen time - the goal is to create ongoing, long-term balance. In our home, we will ensure that devices are only used after (examples may be once homework is completed, chores have been completed, or you have played outside):

***Write down each family member's name and the commitment being made:***

## Recreational Time per day:

The American Academy of Paediatrics recommends that children under the age of 18 months do not consume any media, children between 18 months and 2 years old only view high quality media, and children between 2-5 years old only use screens for an hour per day. For older children, the recommendation is that families focus on a balanced media plan and that “screen time usage” is an ongoing discussion. It is highly recommended that families co-view and co-play when using media.

It is important to recognize that applying screen time limits will be more impactful if it applies to all members of the family (including the adults).

**In our home, we will allow up to:**

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

_____: _____ minutes/ hour(s) per day of screen time
(name)

## Screen Free Zones

It is important to have screen-free zones within homes. Research shows that when bedrooms are screen-free that we are likely to sleep better and when phones stay out of eating areas we are likely to be more mindful of our eating habits. Some families create “calm nooks” which are tech-free areas dedicated to reading, colouring, and being creative.

**In our home, screen free zones include:**

_____

_____

_____

_____

## Screen Curfews:

It is recommended that all families have a “device curfew” time with phones that are charged overnight in a common area.

**In our home, devices will be turned off at an agreed upon time and charged in a designated place:**

Designate place: _____

_____ _____ curfew time
(name)

_____ _____ curfew time
(name)

_____ _____ curfew time
(name)

_____ _____ curfew time
(name)

_____ _____ curfew time
(name)

_____ curfew time
(name)

_____ curfew time
(name)

## Ongoing Conversations

Positive outcomes are correlated with families that have ongoing conversations around media, screen time and balance. These conversations include digital safety and ways to interact online that promotes respectful communication, connection, and creativity.

***In our home, we commit to weekly “tech talks”***

***This will occur every _____ night.***

## Safety

I promise to reach out to an adult if I experience dangerous situations online like sexual inappropriateness, bullying, someone asking me for personal details, or any situation that makes me feel even slightly uncomfortable. I understand that I will not be in trouble and that the adults in my life will guide me in navigating these situations.

## Other

Make your plan unique: here is a space to add in any other elements that are important to your family:

_____

_____

_____

_____

## SIGNATURES

This contract will be reviewed every 6 months.

***Write down each family member's name and have every-one sign and date this contract:***

_____ _____

*Name* *Signature*

_____ _____

*Name* *Signature*

_____ _____

*Name* *Signature*

_____ _____

*Name* *Signature*

_____ _____

*Name* *Signature*

_____ _____

*Name* *Signature*