

Family Technology Plan

Screen-Free Zone: _____

Daily Log On Time: _____

Daily Log Off Time: _____

Technology in Bedroom Policy: _____

| Name | Approved Devices | Entertainment Screen Time | Educational Screen Time | Approved Websites |
|------|------------------|---------------------------|-------------------------|-------------------|
| | | | | |
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| | | | | |
| | | | | |

Consequences for Disobeying Rules:

First time: _____

Second time: _____

Third time: _____