

Family Media Plan



Boston Children's
Digital Wellness Lab

FAMILY NAME

DATE

WHAT MATTERS MOST

What do we value most as a family?

WHAT TECHNOLOGY HELPS US DO

How do we want to use devices to learn, connect, relax, create?

TECH-FREE MOMENTS

When do we want to put devices down and be fully present?

TOGETHER OFFLINE

What tech-free activities do we want to do more of?

ONE SMALL CHANGE

What's one habit or boundary we'll try this week?

CHECK-IN PLAN

How often will we revisit this plan together?

- Weekly
- Monthly
- Annually
- Other:

Agreement

We agree to use technology in ways that support our family, and to keep talking about it as we go.

CHILD SIGNATURE

PARENT/CAREGIVER SIGNATURE