

FAMILY MEDIA PLAN



Our plan for healthy screen use
and happy family time.

Our Family: _____

Date: _____



1. WHY IT MATTERS

Why do we want
healthy media habits?



2. SCREEN TIME GUIDELINES

How much screen time
is okay for our family?

School days: _____

Weekends: _____

No screens after: _____



3. SCREEN-FREE TIMES & PLACES

When and where will
we keep screens away?

Times: _____

Places: _____



4. WHAT WE AGREE ON

- We will be kind and respectful online.
- We will think before we click and share.
- We will talk to a trusted adult if we need help.



5. CHECK-IN

We will talk about our plan
and make changes if needed.

We will check in:

☐ Each week ☐ Every 2 weeks ☐ Once a month



OUR SIGNATURES

By signing below, we agree
to follow our Family Media Plan.

Date: _____

Date: _____

Date: _____



Our plan is not about being perfect. It's about working together.

