

RESEARCH TRIAL PROTOCOL

Protocol Title:

Mixed Reality Adaptive Learning Environments for Improving the Digital Quality of Life of
Students with Intellectual Disabilities

Principal Investigator:

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Trial Sponsor/Approval Body:

Directorate of Special Education, Ministry of Education, Jeddah, Saudi Arabia.

IRB Approval Reference:

JED-SE-2026-ETH-094

Protocol Version & Date: Version 1.2 – June 2026.

1. General Information

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2. Project Summary and Objectives

The purpose of this behavioral intervention trial is to examine the efficacy of an Adaptive Mixed Reality Learning Environment (AMRLE) against conventional screen-based assistive technologies. The primary objective is to evaluate whether integrating dynamic algorithmic micro-scaffolding based on eye/hand tracking metrics can systematically enhance the multi-dimensional constructs of Digital Quality of Life (DQoL) for educable adolescents and young adults with mild-to-moderate intellectual disabilities (ID).

3. Study Design and Methodology

3.1 Trial Design

This study is structured as a **Quasi-Experimental Pretest-Posttest Control Group Design**. Due to institutional regulations within the specialized education centers in Jeddah and the ethical necessity of maintaining intact classroom ecological validity, a true randomized controlled trial (RCT) layout was modified to a matched-pair allocation framework.

3.2 Participant Recruitment and Selection

- **Setting:** Resource rooms inside certified special education complexes in Jeddah, Saudi Arabia.

- **Target Sample Size:** ($N = 44$) participants ($n = 22$) Experimental Group; ($n = 22$) Control Group), determined via a prospective power analysis (G*Power) assuming a large effect size ($f = 0.40$), ($\alpha = 0.05$), and power ($1 - \beta = 0.85$).

Inclusion Criteria:

1. Chronological age formally documented between 10.0 and 20.0 years.
2. Documented diagnosis of Mild-to-Moderate Intellectual Disability based on the DSM-5 criteria, verified by the Saudi Commission for Health Specialties.
3. IQ range between 50 and 69 measured via the standardized Arabic versions of the Stanford-Binet or WISC-V scales.
4. Classified as "Educable Intellectual Disability" under the Saudi educational framework.

Exclusion Criteria:

1. Co-occurring severe neurodevelopmental conditions (e.g., profound Autism Spectrum Disorder).
2. Medical history of photosensitive epilepsy or severe vestibulo-ocular reflex disorders.
3. Absence of functional verbal comprehension in Arabic.

4. Intervention and Execution Plan

4.1 The Experimental Arm (AMRLE Group)

Participants in the experimental group will engage with the **Adaptive Mixed Reality Learning Environment** delivered via high-fidelity pass-through MR headsets (e.g., Meta Quest 3). The intervention spans **8 weeks**, consisting of **three 20-minute individual sessions per week** (24 sessions total).

The Algorithmic Adaptivity Loop:

The software (developed in Unity 3D) runs an automated state machine monitoring two real-time metrics: **Response Latency (TL)** and **Error Frequency (EF)**. If a user exhibits delayed engagement ($TL > 15$ seconds) or commits repetitive mistakes ($EF \geq 2$), the adaptive engine executes:

1. *Visual Pruning*: Fading out secondary or peripheral objects to reduce cognitive load.
2. *Multimodal Scaffolding*: Rendering a glowing neon-green tracking vector path towards the target action, paired with slow, clear audio guidance in the local Saudi dialect.

4.2 The Control Arm (Conventional Technology Group)

Participants in the control group will target identical learning domains (autonomous interface navigation, digital safety recognition, and interface engagement) using a conventional, non-adaptive screen-based tablet interface. The instructional dosage (20-minute sessions, 3 times a week for 8 weeks) and environmental configurations (identical quiet resource rooms in Jeddah) will be strictly matched with the experimental group to isolate the spatial adaptivity treatment effect.

5. Ethical Considerations and Safety Monitoring

5.1 Informed Consent and Assent

- Written formal **Informed Consent** will be secured directly from the parents/legal guardians of the minor participants before baseline measurement.
- Visual and verbal **Assent** will be obtained from the students using simplified pictographic cards.
- Explicit parent/guardian consent will be secured for publishing any illustrative software interaction graphics in open-access formats (de-identified to protect anonymity).

5.2 Safety and Trial Discontinuation Protocols

The MR headsets will be calibrated per user to establish correct arm-reach envelopes. The resource room will feature a pre-cleared physical boundary of (3 × 3) meters. If a student displays physical markers of tech-distress (e.g., hand tremors, attempts to remove the headset, verbal avoidance), the system immediately triggers a "Cool Down" sequence (low-frequency ambient particles), and the instructor will terminate the session. Participants retain the absolute right to withdraw at any time without penalty.

6. Data Management and Statistical Analysis

6.1 Assessment Instruments

1. **Digital Quality of Life Observation Scale (DQoLOS):** A 16-item behavioral scale scored on a 3-point Likert configuration, covering Digital Autonomy, Safety, Well-being, and Inclusion (S-CVI = 0.93; Cronbach's (α) = 0.89).
2. **Automated Telemetry Logs:** Computerized tracking of exact Response Latency (in seconds) and Cumulative Errors recorded frame-by-frame by the adaptive engine.

6.2 Analysis Plan

Data analysis will be performed using IBM SPSS Statistics (v.29). A one-way **Analysis of Covariance (ANCOVA)** will evaluate posttest scores between the groups, using the pretest baseline scores as the continuous covariate to isolate treatment variance. **Partial Eta Squared (η^2)** will quantify the practical effect size. Within-group longitudinal performance alterations in system telemetry will be analyzed via **Paired-Sample (t)-tests** or non-parametric **Wilcoxon Signed-Rank tests** depending on Shapiro-Wilk normality profiles.